Health care to fit your life

Mercy Care Plan
2014-2015 Member Handbook

Visit: www.MercyCarePlan.com
AZ-14-04-10
Call Mercy Care Plan Member Services
Monday through Friday 7 a.m. to 6 p.m.
602-263-3000 or 1-800-624-3879,
If you are deaf or have difficulties hearing, call 7-1-1.

For e-mail, go to: www.MercyCarePlan.com, and select: Contact Us.

PERSONAL INFORMATION

My Member ID number: ____________________________________________________________

My PCP:________________________________________________________

My PCP’s phone number: _________________________________________________________

My Pharmacy’s phone number: _______________________________________________________

My Pharmacy’s address: ___________________________________________________________

Contract services are funded in part under contract with the State of Arizona. Mercy Care Plan follows federal and state laws that apply under the contract with AHCCCS. This is general health information and should not replace the advice or care you get from your provider. Always ask your provider about your own health care needs.

Updated September, 2014
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WELCOME TO MERCY CARE PLAN

29 Years of Commitment and Caring

For more than 29 years, our members have trusted Mercy Care Plan to be there for their families. To us, you are more than a Mercy Care Plan member. You are a member of our family. Mercy Care Plan, doctors and hospitals, all work together for you. We take the extra steps to reach you, your loved ones and your community. “Care” is more than just a part of our name—it is a value shared by all of us.

YOUR MEMBER HANDBOOK

Please read this handbook. You can learn:

• Your rights and responsibilities as a member
• How to get health care services
• How to get help with appointments
• Tips to keep you healthy
• Which services are covered and which are not
• Definition of Terms

And more...

This handbook is also available for Mercy Care Plan members on audiocassette or CD, upon request, from Mercy Care Plan Member Services. It is also available in text format on the Mercy Care Plan website at: www.mercycareplan.com/members/mcp/information.

All Mercy Care Plan printed materials are available in an alternative format. For access to these alternative formats, please contact Mercy Care Plan Member Services. These materials (including the Member Handbook and Provider Directory) are provided at no cost to you.

Information for members enrolled with the Division of Developmental Disabilities is printed in this color.

PRIMARY CARE PROVIDERS

A primary care provider (PCP) is a doctor who will coordinate most of your care. PCPs are family and internal medicine doctors, pediatricians, and OB/GYNs. You will see your PCP for routine and preventive care. Your PCP will send you to a specialist or coordinate prior authorization for care when needed.

YOUR PROVIDER DIRECTORY

Along with your Member Handbook, you will receive a list of Mercy Care Plan doctors. You can get a Provider Directory at no cost to you. In this directory, you will find PCP and specialist information, such as languages spoken and whether a provider is accepting new members. You can contact Member Services for a copy of the Provider Directory. There is a searchable provider listing on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”.
MERCY CARE PLAN MEMBER SERVICES

Mercy Care Plan Member Services can answer questions about benefits, help you find a doctor, arrange rides to medical appointments, and solve problems in getting health care services.

Mercy Care Plan Member Services Representatives are available to help you Monday through Friday, 7 a.m. to 6 p.m. 602-263-3000 or toll-free 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1.

MERCY CARE PLAN WEBSITE

www.MercyCarePlan.com

Visit our website. You can get updated information on Mercy Care Plan. You can search for a doctor, pharmacy, urgent care or hospital near you.

You can get your own health information by going to our secure web portal MercyOneSource. Go to www.MercyCarePlan.com and click on the MercyOneSource link on the top of the page. With your secure log-in, you can:

• Look up the status of a claim
• Check the status of a request pending authorization
• Look up your assigned Primary Care Provider (PCP)

You can also find important health care information on the Medline Plus website at www.nlm.nih.gov/medlineplus. On this website you can:

• Learn about a medical problem
• Read the latest health news
• Research drugs and supplements
• Look up signs of medical conditions

MEMBER ADVISORY COUNCIL

Mercy Care Plan has a Member Advisory Council (MAC). The council is made up of members, just like you, who are concerned about health care. Members volunteer to serve at least two years. New council members may be chosen each year. The MAC advises Mercy Care Plan on issues that are important to members. If you are not on the council, you may still suggest changes to policies and services by calling Mercy Care Plan Member Services. You may also call Mercy Care Plan Member Services for more information about how to join the council.

CHANGE OF ADDRESS/OUT OF AREA MOVES

If you move outside of Arizona, you need to close your eligibility file in Arizona. Call your eligibility office as soon as possible and tell them when you move to another county or state. When you move to a new state, sign up for the state medical program. If you move out of the United States, your AHCCCS eligibility will end. If you have a new address, report it to the office that helped you with your eligibility. Below is more information:

• If you became eligible through the AHCCCS KidsCare office, call 602-417-5437 or 1-877-764-5437.
• If you became eligible through the Department of Economic Security (DES), call 602-542-9935 or 1-800-352-8401.
• If you became eligible through the Social Security Administration, call 1-800-772-1213.

If you are a member enrolled with DD, call your Division of Developmental Disabilities Support Coordinator (DDD SC) to report your new address. He/she will help you with any changes you need to make.
If we do not have your correct address, you may not get important information from us. If you move out of the Mercy Care Plan service area, you will no longer be eligible for AHCCCS benefits through Mercy Care Plan.

CULTURALLY COMPETENT SERVICES

You can get covered services without concern about payer source, race, ethnicity, national origin (to include those with limited English proficiency), religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay or ability to speak English.

You can get quality medical services that support your personal beliefs, medical condition and background in a language you understand.

Treatment choices or other types of care are available to you and the benefits and/or drawbacks of each choice. You can get this information in a way that helps your understanding and is appropriate to your medical condition.

LANGUAGE AND INTERPRETATION SERVICES

Mercy Care Plan has many health care providers who speak languages in addition to English. Check the Provider Directory or the Mercy Care Plan website (www.MercyCarePlan.com) to find a doctor who speaks your language. There is a searchable provider listing on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”.

You can get a telephone or sign language interpreter for your health care visits at no cost to you. Your Primary Care Physician (PCP) or specialist may also call an interpreter through our interpretation line during your visit. If you need help in your language or if you have a hearing impairment, call Member Services for an interpreter.

If you need information in another language, please call Mercy Care Plan Member Services.

Monday through Friday, 7 a.m. to 6 p.m. Please call 602-263-3000 or toll-free 1-800-624-3879.

If you are deaf or have difficulty hearing, call 7-1-1.
Mercy Care Plan (MCP) is a contracted health plan with the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS is Arizona’s Medicaid agency. Contract services are funded in part under contract with the State of Arizona. Mercy Care Plan follows federal and state laws that apply under the contract with AHCCCS, Arizona’s Medicaid agency. Mercy Care Plan is a managed care plan. As a managed health plan, we provide health care to our members through a select group of doctors, hospitals and pharmacies. You will need to go to the doctors and providers who are part of our network.

Mercy Care Plan and AHCCCS work together to look at new medical procedures and services to make sure you get safe, up-to-date, high-quality medical care. A team of doctors reviews new health care methods to decide if they should become covered services. Experimental services and treatments that are being researched and studied are not covered services.

To decide if new technology will be a covered service, Mercy Care Plan and AHCCCS:

- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

### ABOUT PROVIDERS

Your health care is important to us, so Mercy Care Plan’s doctors and dentists are chosen very carefully. They must meet strict requirements to care for our members, and we regularly check the care they give you. If you need more information about your doctor, you may contact the organizations below:

<table>
<thead>
<tr>
<th>NAME OF ORGANIZATION</th>
<th>TELEPHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Medical Association</td>
<td>1-800-482-3480</td>
<td><a href="http://www.azmedassn.org">www.azmedassn.org</a></td>
</tr>
<tr>
<td>Arizona Medical Board</td>
<td>480-551-2700 or 1-877-255-2212</td>
<td><a href="http://www.azmd.gov">www.azmd.gov</a></td>
</tr>
<tr>
<td>American Board of Medical Specialties</td>
<td>1-866-275-2267</td>
<td><a href="http://www.abms.org">www.abms.org</a></td>
</tr>
<tr>
<td>Arizona State Board of Dental Examiners</td>
<td>602-242-1492</td>
<td><a href="http://www.azdentalboard.org">www.azdentalboard.org</a></td>
</tr>
<tr>
<td>Arizona Board of Osteopathic Examiners</td>
<td>480-657-7703</td>
<td><a href="http://www.azdo.gov">www.azdo.gov</a></td>
</tr>
<tr>
<td>Arizona State Board of Optometry</td>
<td>602-542-3095</td>
<td><a href="http://www.optometry.az.gov">www.optometry.az.gov</a></td>
</tr>
</tbody>
</table>
COMMON QUESTIONS

Q. What should I do if I lose my member ID card or don’t get one?
A. Call Mercy Care Plan Member Services.

Q. How will I know the name of my PCP?
A. Mercy Care Plan sends a welcome letter to you. This welcome letter has the name and telephone number of your PCP.

Q. Can I change my PCP?
A. Yes. Please call Mercy Care Plan Member Services for help.

Q. How can I check the status of my authorization?
A. For a quick and easy status check, look at your personal records on our secure website: MercyOneSource. Go to www.MercyCarePlan.com, then select MercyOneSource in the upper right corner. Also, your PCP will call Mercy Care Plan to check status of your authorizations. Your PCP will let you know the status.

Q. How do I know which services are covered?
A. Lists of services that are covered and not covered are found on in this handbook. Look under the section that applies to you. You may also ask your doctor or Mercy Care Plan Member Services. If you have access to the Internet, you can find lists of covered and not covered services on our website at: www.MercyCarePlan.com.

Q. What should I do if I get a bill?
A. If you get a bill, call the health care provider who billed you and give them your Mercy Care Plan information. If they continue to bill you, please call Mercy Care Plan Member Services for help.

Q. I need help getting to my doctor. What can I do?
A. Check first with neighbors, friends or relatives for a ride. If you are not able to find a ride, please call Mercy Care Plan Member Services for help.

Q. What hospitals can I use?
A. Mercy Care Plan uses many hospitals. You can find a list of hospitals in the Mercy Care Plan provider directory. There is a searchable provider directory on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”, then you can search by provider or by hospital. You can go to any hospital for emergency care. You can get emergency health care services without the approval of your PCP or Mercy Care Plan when you have a medical emergency. You may go to any emergency room or other settings for emergency care. If you have to be hospitalized, for any reason, you may go to the hospital your doctor sends you to.

Q. What is an emergency?
A. An emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Q. Does Mercy Care Plan have urgent care centers?
A. Mercy Care Plan has urgent care centers in Maricopa, Pima and Yuma counties. You can find an urgent care center using the searchable provider directory on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”, then you can search by urgent care centers.
MEMBER CONFIDENTIALITY AND OUR PRIVACY PRACTICES

You will find a copy of the “Privacy Rights” notice in your welcome packet. The notice has information on ways Mercy Care Plan uses your records, which includes information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.

MEDICAL RECORDS REQUESTS

At no cost to you, you have the right to annually request and receive one copy of your medical records and/or inspect your medical records. You may not be able to get a copy of medical records if the record includes any of the following information: psychotherapy notes put together for a civil, criminal or administrative action; protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988; or protected health information that is exempt due to federal codes of regulation.

Mercy Care Plan will reply to your request within 30 days. Mercy Care Plan’s reply will include a copy of the requested record or a letter denying the request. The written denial letter will include the basis for the denial and information about ways to get the denial reviewed.

You have the right to request an amendment to your medical records. Mercy Care Plan may ask that you put this request in writing. If the amendment is made, whole or in part, then we will take all steps necessary to do this in a timely manner and communicate to you the changes that are made.

Mercy Care Plan has the right to deny your request to amend your medical records. If the request is denied, whole or in part, then Mercy Care Plan will provide you with a written denial within 60 days. The written denial includes: the basis for the denial; notification of your right to submit a written statement disagreeing with the denial; and how to file the statement.

MEMBER RIGHTS AND RESPONSIBILITIES

As a Mercy Care Plan member, you have rights and responsibilities. These are listed below. It is important that you read and understand each one. If you have questions, please call Mercy Care Plan Member Services.

Your rights as a member

Information

- The name of your PCP and/or case manager
- A copy of the Mercy Care Plan Member Handbook which includes a description of covered services
- How Mercy Care Plan provides for after hours and emergency care
- How Mercy Care Plan pays providers, controls costs and uses services. This information includes whether or not Mercy Care Plan has Physician Incentive Plans (PIP) and a description of the PIP.
- The right to request information on the structure and operations of Mercy Care Plan or their subcontractors
- The right to know whether stop-loss insurance is required
- General grievance results and a summary of member survey results
- Your costs to get services/treatments that are not covered by Mercy Care Plan
- How to get services, including services requiring authorization
- How Mercy Care Plan evaluates new technology to include as a covered service
- Advance directives: information about how to have medical decisions made for you if you are not able to make them for yourself
- Changes to your services or what actions to take when your PCP leaves Mercy Care Plan
Respect and Dignity

• You can get covered services without concern about payer source, race, ethnicity, national origin (to include those with limited English proficiency), religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
• You can get quality medical services that support your personal beliefs, medical condition and background. You can get these services in a language you understand. You have the right to know about other providers who speak languages other than English.
• You can get interpretation services if you do not speak English. Sign language services are available if you are deaf or have difficulty hearing. You may ask for materials in other formats or languages from Mercy Care Plan Member Services.
• The type of information about your treatment is available to you in a way that helps your understanding given your medical condition.

Treatment Decisions

• You have the right to agree to or refuse treatment and to choose other treatment options available to you. You can get this information in a way that helps your understanding and is appropriate to your medical condition.
• You can choose a Mercy Care Plan PCP to coordinate your health care.
• You can change your PCP.
• You can talk with your PCP to get complete and current information about your health care and condition. This will help you and/or your family understand your condition and be a part of making decisions about your health care.
• You can be informed on which procedures you will have and who will perform them.
• You have the right to a second opinion from a qualified health care professional within the network. You can get a second opinion arranged outside of the network, at no cost to you, only if there is not adequate in-network coverage.
• You can decide who you want to be with you for treatments and exams.
• You can have a female in the room for breast and pelvic exams.
• Your eligibility or medical care does not depend on your agreement to follow a treatment plan. You can say "no" to treatment, services, or PCPs and will be told what may happen by not having the treatment.
• You can ask Mercy Care Plan to amend or correct your medical records.
• You will be told in writing by Mercy Care Plan when any of your health care services requested by your PCP are reduced, suspended, terminated or denied. You must follow the instructions in your notification letter.
• You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Emergency Care and Specialty Services

• You can get emergency health care services without the approval of your PCP or Mercy Care Plan when you have a medical emergency. You may go to any hospital emergency room or other setting for emergency care.
• You may get behavioral health services without the approval of your PCP or Mercy Care Plan.
• You can see a specialist with a referral from your PCP.
• You can refuse care from a doctor you were referred to and ask for a different doctor.
• You may request a second opinion from another Mercy Care Plan doctor.

Confidentiality and Privacy

• You have a right to privacy and confidentiality of your health care information.
• You have a right to talk to health care professionals privately.

**Reporting Your Concerns**

• Tell Mercy Care Plan about any complaints or issues you have with your health care services.
• You may file an appeal with Mercy Care Plan and get a decision in a reasonable amount of time.
• You can give Mercy Care Plan suggestions on changes to policies and services.
• You have the right to report your concerns about Mercy Care Plan.

**Your Responsibilities as a Member**

**Respect**

• Respect the doctors, pharmacists, staff and people providing services to you.
• Protect your member ID card. Do not lose it or share it with anyone.

**Share Information**

• Show your member ID card, or identify yourself as a Mercy Care Plan member, to health care providers before getting services. If you have other insurance in addition to Mercy Care Plan, show your doctor or pharmacist your other insurance ID card as well.
• If you do not understand your health condition or treatment plan, ask your PCP to explain.
• Tell your PCP the name of other insurance which you have. Apply for benefits for which you may be eligible with these insurance carriers.
• Give your PCP all the facts about your health problems: past illnesses, hospital stays, all medications, shots and other health concerns. Let your PCP and/or your case manager know about any changes in your condition.
• Notify Mercy Care Plan any time a provider or another member is not using your health plan benefits correctly.
• Report changes that could affect your eligibility such as address, telephone number and/or assets, and other matters to the interviewer at the office where you applied for AHCCCS.

**Follow Instructions**

• Know the name of your assigned PCP.
• Follow the treatment instructions that you and your PCP have agreed on, including the instructions from nurses and other health care professionals. Ask what can happen if you don’t follow these instructions.
• Bring your child’s shot record to all your child’s PCP visits.

**Appointments**

• Schedule appointments during office hours instead of using urgent or emergency care.
• Keep appointments. Go to your appointments on time. Call your PCP’s office ahead of time when you cannot keep your appointments.

**MEMBER IDENTIFICATION CARD**

Mercy Care Plan will send you a member identification (ID) card when you become a member. Your ID card will have your name, ID number and the name of your health plan - Mercy Care Plan. If you do not get your ID card, call Mercy Care Plan Member Services at 602-263-3000 or 1-800-624-3879. If you are deaf or have difficulty hearing, call 7-1-1. If you lose your card, call Member Services for a new one. If you have an Arizona driver’s license or state issued ID, AHCCCS will get your picture from the Arizona Department of Transportation Motor
Vehicle Division (MVD). When providers pull up the AHCCCS eligibility verification screen, they will see your picture (if available) with your coverage details.

Your ID card has a phone number to access behavioral health and substance abuse services. Services are assigned to a provider based on where you live. If you have questions or need help getting behavioral health services, please call the number on your card.

Protect your ID card! Do not give it to anyone except those providing your health care services. If you loan, sell or give your ID card to anyone else, you may lose your AHCCCS benefits and/or legal action may be taken.

**If you lose eligibility, do not throw away your member ID card. You will not be given another card when you become eligible again.**

<table>
<thead>
<tr>
<th>QUICK TIPS ABOUT YOUR MEMBER ID CARD</th>
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<tbody>
<tr>
<td>• Mercy Care Plan will send you a member ID card</td>
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<tr>
<td>• If you lose it, call Mercy Care Plan Member Services at <strong>602-263-3000</strong> or <strong>1-800-624-3879</strong>. If you are deaf or have difficulty hearing, call <strong>7-1-1</strong>.</td>
</tr>
<tr>
<td>• Be sure to carry your ID card with you and show it to your health care providers every time you get services</td>
</tr>
<tr>
<td>• KEEP your ID card even if you lose eligibility</td>
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## SERVICES THAT ARE COVERED

<table>
<thead>
<tr>
<th>All Members</th>
<th>Additional Covered Services for Children (under age 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital care</td>
<td>1. EPSDT Visits (same as wellness visits)</td>
</tr>
<tr>
<td>2. Doctor office visits, including specialist visits</td>
<td>2. Identification, evaluation and rehabilitation of hearing loss</td>
</tr>
<tr>
<td>3. Health risk assessments and screenings for members age 21 years of age and over</td>
<td>3. Medically necessary personal care. This may include help with bathing, toileting, dressing, walking and other activities that the member is unable to do for medical reasons</td>
</tr>
<tr>
<td>4. Laboratory, radiology and medical imaging</td>
<td>4. Routine preventive dental services, including oral health screenings, cleanings, fluoride treatments, dental sealant, oral hygiene education, x-rays, fillings, extractions and other therapeutic and medically necessary procedures</td>
</tr>
<tr>
<td>5. Durable medical equipment and supplies</td>
<td>5. Vision services, including exams and prescriptive lenses (a limited selection of lenses and frames are covered)</td>
</tr>
<tr>
<td>6. Medications on Mercy Care Plan’s list of covered medicines. Members with Medicare will receive their medications through Medicare Part D.</td>
<td>6. Outpatient speech, occupational and physical therapy</td>
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<tr>
<td>7. Emergency care</td>
<td>7. Chiropractic services</td>
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<tr>
<td>8. Care to stabilize you after an emergency</td>
<td>8. Conscious sedation</td>
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<tr>
<td>9. Home health services (such as nursing and home health aide)</td>
<td>9. Adaptive aids (DD members only)</td>
</tr>
<tr>
<td>10. Nursing home, when used instead of hospitalization, up to 90 days a year</td>
<td>10. Medically necessary practitioner visits to member’s home (DD members only)</td>
</tr>
<tr>
<td>11. Inpatient rehabilitation services, including occupational, speech and physical therapy</td>
<td>11. Incontinence briefs, with limitations</td>
</tr>
<tr>
<td>12. Respiratory therapy</td>
<td>12. Acute Services for DDD Members enrolled in CRS.</td>
</tr>
<tr>
<td>13. Routine immunizations</td>
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<tr>
<td>14. AHCCCS-approved organ and tissue transplants and related prescriptions (Limitations apply).</td>
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<tr>
<td>15. Dialysis</td>
<td></td>
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<tr>
<td>16. Foot and Ankle Services</td>
<td></td>
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<tr>
<td>17. Maternity care (prenatal, labor and delivery, postpartum)</td>
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<tr>
<td>18. Family planning services</td>
<td></td>
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<tr>
<td>19. Behavioral health services</td>
<td></td>
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<tr>
<td>20. Medically necessary and emergency transportation</td>
<td></td>
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<tr>
<td>21. Medical foods</td>
<td></td>
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<tr>
<td>22. Emergency Eye Exam and lens post cataract surgery</td>
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<tr>
<td>23. Urgent care</td>
<td></td>
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<tr>
<td>24. Hospice</td>
<td></td>
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<tr>
<td>25. Wellness exams and preventative screenings</td>
<td></td>
</tr>
</tbody>
</table>
## SERVICES THAT ARE NOT COVERED

<table>
<thead>
<tr>
<th>All Members</th>
<th>Other Services That are Not Covered for Adults (age 21 and over). These services are available to Mercy Care Advantage members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services from a provider who is NOT contracted with Mercy Care Plan (unless prior approved by the Health Plan)</td>
<td>1. Hearing aids</td>
</tr>
<tr>
<td>2. Cosmetic services or items</td>
<td>2. Routine eye examinations for prescriptive lenses or glasses</td>
</tr>
<tr>
<td>3. Personal care items such as combs, razors, soap etc.</td>
<td>3. Routine dental services.</td>
</tr>
<tr>
<td>4. Any service that needs prior authorization that was not prior authorized</td>
<td>4. Chiropractic services (except for Medicare QMB members)</td>
</tr>
<tr>
<td>5. Services or items given free of charge, or for which charges are not usually made.</td>
<td>5. Outpatient speech and occupational therapy</td>
</tr>
<tr>
<td>6. Services of special duty nurses, unless medically necessary and prior authorized</td>
<td></td>
</tr>
<tr>
<td>7. Physical therapy that is not medically necessary</td>
<td></td>
</tr>
<tr>
<td>8. Routine circumcisions</td>
<td></td>
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<tr>
<td>9. Services that are determined to be experimental by the health plan medical director</td>
<td></td>
</tr>
<tr>
<td>10. Abortions and abortion counseling, unless medically necessary, pregnancy is the result of rape or incest, or if physical illness is related to the pregnancy and endangers the health of the mother</td>
<td></td>
</tr>
<tr>
<td>11. Health services if you are in prison or in a facility for the treatment of tuberculosis</td>
<td></td>
</tr>
<tr>
<td>12. Experimental organ transplants, unless approved by AHCCCS</td>
<td></td>
</tr>
<tr>
<td>13. Sex change operations and reversal of voluntary sterilization</td>
<td></td>
</tr>
<tr>
<td>14. Medications and supplies without a prescription</td>
<td></td>
</tr>
<tr>
<td>15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care Plan</td>
<td></td>
</tr>
<tr>
<td>16. Prescriptions not on our list of covered medications, unless approved by Mercy Care Plan</td>
<td></td>
</tr>
<tr>
<td>17. Physical exams for the purpose of qualifying for employment or sports activities</td>
<td></td>
</tr>
</tbody>
</table>

**For more information on Mercy Care Advantage, please contact Mercy Care Advantage Member Services.** 24 hours a day, 7 days a week **602-263-3000 or 1-800-624-3879.** If you are deaf or have difficulty hearing, call **7-1-1.**
**Limited and excluded services**
The following services are not covered for adults 21 years and older. (If you are a Qualified Medicare Beneficiary, we will continue to pay your Medicare deductible and coinsurance for these services.)

<table>
<thead>
<tr>
<th>BENEFIT/ SERVICE</th>
<th>SERVICE DESCRIPTION</th>
<th>SERVICE EXCLUSIONS OR LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percussive Vests</td>
<td>This vest is placed on a person’s chest and shakes to loosen mucous.</td>
<td>AHCCCS will not pay for percussive vests. Supplies, equipment maintenance (care of the vest) and repair of the vest will be paid for.</td>
</tr>
<tr>
<td>Bone-anchored Hearing Aid</td>
<td>A hearing aid that is put on a person’s bone near the ear by surgery. This is to carry sound.</td>
<td>AHCCCS will not pay for Bone-anchored Hearing Aid (BAHA). Supplies, equipment maintenance (care of the hearing aid) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Cochlear Implant</td>
<td>A small device that is put in a person’s ear by surgery to help you hear better.</td>
<td>AHCCCS will not pay for cochlear implants. Supplies, equipment maintenance (care of the implant) and repair of any parts will be paid for.</td>
</tr>
<tr>
<td>Lower limb Microprocessor controlled joint/ Prosthetic</td>
<td>A device that replaces a missing part of the body and uses a computer to help with the moving of the joint.</td>
<td>AHCCCS will not pay for a lower limb (leg, knee or foot) prosthetic that includes a microprocessor (computer chip) that controls the joint.</td>
</tr>
<tr>
<td>Emergency Dental Service</td>
<td>Emergency treatment for pain, infection, swelling and/or injury</td>
<td>Emergency dental services are covered for members under the age of 21. Covered emergency dental services for members 21 years of age and older are limited to problem focused exam, required x-rays, jaw fractures, biopsies, and medically necessary anesthesia.</td>
</tr>
<tr>
<td>Inpatient Hospital Stays</td>
<td>A stay in an Acute Care hospital including a Specialty Care Hospital and a Rehabilitation Hospital</td>
<td>There is no 25 day inpatient limit with dates of discharge occurring on or after October 1, 2014.</td>
</tr>
<tr>
<td>Services by Podiatrist</td>
<td>Any service that is done by a doctor who treats feet and ankle problems.</td>
<td>AHCCCS will not pay for services provided by a podiatrist or podiatric surgeon for adults. Contact your health plan for other contracted providers who can perform medically necessary foot and ankle procedures, including reconstructive surgeries.</td>
</tr>
<tr>
<td>Transplants</td>
<td>A transplant is when an organ or blood cells are moved from one person to another.</td>
<td>Approval is based on the medical need and if the transplant is on the “covered” list. Only transplants listed by AHCCCS as covered will be paid for.</td>
</tr>
<tr>
<td>BENEFIT/SERVICE</td>
<td>SERVICE DESCRIPTION</td>
<td>SERVICE EXCLUSIONS OR LIMITATIONS</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Exercises taught or provided by a Physical Therapist to make you stronger or help improve movement.</td>
<td>Outpatient physical therapy visits are limited to 15 habilitate / 15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (10/1–9/30). For dual eligible members, the health plan is responsible for paying the Medicare cost of share limited to 15 habilitate/15 rehabilitative for a total of 30 visits for the continued care for one diagnosis per contract year (10/1–09/30).</td>
</tr>
</tbody>
</table>

**ORTHOTIC DEVICES**

Orthotic devices support or brace weak joints or muscles. An orthotic device can also support a deformed part of the body. Orthotic devices for members under the age of 21 are provided when prescribed by the member’s Primary Care Provider, attending physician, or practitioner. Orthotic devices are not covered for members over the age of 21 years, except under the following circumstances:

a. Halos to treat cervical fracture instead of surgery
b. Walking boots instead of surgery or serial casting
c. Knee orthotics for crutch dependent ambulation instead of a wheelchair

Medical equipment may be rented or purchased only if other sources, which provide the items at no cost, are not available. The total cost of the rental must not exceed the purchase price of the item.

Reasonable repairs or adjustments of purchased equipment are covered for all members over and under the age of 21 to make the equipment serviceable and/or when the repair cost is less than renting or purchasing another unit. The component will be replaced if at the time authorization is sought and documentation is provided to establish that the component is not operating effectively.

**EPSDT/CHILDREN’S SERVICES (SAME AS WELLNESS VISITS)**

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and mental health problems for AHCCCS members under the age of 21. The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

EPSDT services include:
- screening services,
- vision services,
- dental services,
- hearing services and
- all other medically necessary mandatory and optional services listed in federal law 42 USC 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan.

- Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.
A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

**Amount, Duration and Scope:** The Medicaid Act defines EPSDT services to include screening services, vision services, dental services, hearing services and “such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 USC 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the (AHCCCS) state plan.” This means that EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within one of the 28 optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all 28 categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, prosthetic devices, eyeglasses, transportation, and family planning services. EPSDT also includes diagnostic, screening, preventive and rehabilitative services. However, EPSDT services do not include services that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

**Children’s Rehabilitative Services**
The Children’s Rehabilitative Services (CRS) program provides family centered medical treatment, rehabilitation, and related support services for children under age 21 with certain qualifying chronic and disabling conditions.

Members under 21 years of age who are determined to have a qualifying CRS condition will be enrolled with the CRS Contractor. Members with private insurance or Medicare may use their private insurance or Medicare provider networks to obtain services including those for the CRS condition. The CRS Contractor is responsible for payment for services provided to its enrolled members according to CRS coverage type.

**MAKING DENTAL AND VISION SERVICES AND WELL VISITS (WELL EXAMS) APPOINTMENTS**

When making an appointment, make it with an in-network provider. If you need help, Mercy Care Plan Member Services representatives are available to help you Monday through Friday, 7 a.m. to 6 p.m. Please call 602-263-3000 or toll-free 1-800-624-3879. If you are deaf or have difficulties hearing, call 7-1-1. You may seek behavioral health care, well women’s care, or vision services without your PCP’s approval.

**DENTAL SERVICES**

Two (2) routine and preventive dental visits are covered per year for members under the age of 21. Visits to the dentist must take place within 6 months and 1 day after the previous visit. Your child should have his or her first dental visit by 1 year of age. You do not need a referral for under 21 years of age dental care.

**Dental homes for members under 21 years of age**

A “dental home” is a place, office or facility, where all the dental services are provided in one place. This is a place where you or your children can get all of their dental needs met and have a positive relationship built on trust with the dental provider. Mercy Care Plan will assign all members under 21 years of age to a dental home by age 1. You can call Member Services to help you with the following activities:

- Find out the name, address and telephone number of your dental home or your child’s dental home
- Change your dental home provider or help you find a different provider
- Help you make your appointment or your child’s appointment or arrange transportation to or from the appointment
Routine dental services are not covered for members 21 years of age or older. AHCCCS will not cover dental services (including emergency dental services) unless the care needed is a medical or surgical service related to dental (oral) care. Covered dental services for members 21 years of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia, and pain medication and/or antibiotics. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head are also covered.

VISION SERVICES
Vision coverage for members 21 and over includes emergency eye care and some medically necessary vision services such as cataract removal. Members with diabetes should see an ophthalmologist yearly for a retinal exam. Routine and emergency vision services are covered for members under 21. You do not need a referral from your child’s PCP to get vision services.

WELL VISITS (WELL EXAMS) SERVICES
Well visits (well exams) such as, but not limited to, well woman exams, breast exams, and prostate exams are covered for members 21 years of age and older. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling and medically necessary immunizations. (See EPSDT for well exams for members under 21 years of age)

WOMEN’S SERVICES
Female members have direct access to preventive and well care services from a gynecologist within the Mercy Care Plan’s network without a referral from a primary care provider.

It is very important for women who are sexually active to see their PCP or a Mercy Care Plan obstetrician/gynecologist (OB/GYN) every year. Pap tests and mammograms are important tests that can help save your life. A Pap test checks for cervical cancer and a mammogram checks for breast cancer.

Cervical cytology, including pap smears should be done annually for sexually active women. After 3 successive normal exams, the test may be less frequent. Mercy Care Plan members can see their PCP or a Mercy Care Plan obstetrician/gynecologist (OB/GYN) for a Pap test. If you want to see an OB/GYN doctor, you don’t need to see or ask your PCP first. You can find OB/GYN doctors in your Provider Directory or by using the searchable provider directory on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”.

Routine mammography should be done annually after age 40 and at any age if considered medically necessary. You can call your doctor for a mammogram order. You can then schedule your mammogram with the radiology facility. You can find a list of radiology facilities in your area in your Provider Directory or by using the searchable provider directory on the Mercy Care Plan website at www.MercyCarePlan.com. Select “Find a Provider”.

FAMILY PLANNING SERVICES
Family Planning Services are administered by Aetna Medicaid Administrators, LLC. Talk to your PCP if you need help with family planning services. These services are covered at no cost to you and are available to male and female members of reproductive ages. It is important for your health to make and keep all of your appointments, even if you feel fine. This will help your provider to identify any health conditions and prevent problems before they occur.

Talk to your PCP if you need help with family planning. Covered services include:
COVERED SERVICES

- Contraceptive counseling
- Pills
- Depo Provera
- IUD (Intra-uterine devices)
- Diaphragms
- Condoms
- Foams and suppositories
- Male and female sterilization (members must be 21 or older to have tubal ligations and vasectomies).
- Natural family planning
- Post coital emergency oral contraception - no prior authorization is required
- Medical and lab exams, including ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use
- Hysteroscopic tubal sterilization

The following are **NOT** covered family planning services:

- Infertility services, including diagnostic testing, treatment or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations and hysterectomies

MATERNITY SERVICES

Pregnant women need special care. If you are pregnant, please call us to choose an OB/GYN or certified nurse midwife as soon as possible. We will also send you a pregnancy booklet with a lot of information.

You may go directly to a Mercy Care Plan OB/GYN doctor for care. You do not need to see or ask your PCP first. Your PCP will manage your routine non-OB/GYN care. The OB/GYN will manage your pregnancy care. If you prefer, you can choose to have an OB/GYN as your PCP during your pregnancy. If you are not sure you are pregnant, make an appointment with your PCP for a pregnancy test. If you need help scheduling an appointment, call Mercy Care Plan Member Services.

**Pregnancy and HIV/AIDS Testing**

If you are pregnant, you will have a complete checkup at your first doctor’s visit. The doctor or nurse will check for infections and sexually transmitted diseases. Voluntary, confidential HIV/AIDS testing services are available, as well as counseling for members who test positive.

**Pregnancy Appointment Timeframes**

It is important to keep seeing your health care provider during your pregnancy, even if you feel fine. Regular prenatal care can help you have a healthy pregnancy and baby. It will allow your provider to identify any health conditions and prevent problems before they occur.

You should be able to get an appointment inside of the following timeframes:

- first trimester, you should be seen within 14 days of calling the doctor.
- second trimester, you should be seen within seven (7) days of calling the doctor.
- third trimester, you should be seen within three (3) days of calling the doctor.

If you think you may have a problem with your pregnancy, your doctor should see you within three (3) days of your call, or right away if it is an emergency.
First Visit

• At your first visit, you will have a complete checkup. The doctor or nurse will test your urine and blood test to check for anemia (low iron), tuberculosis (TB) and high blood sugar (diabetes).
• They will also check for infections and sexually transmitted diseases.
• If you are taking any medicine, tell your doctor or nurse midwife at your first visit.

Stay Healthy Tips for Pregnant Women

• During your pregnancy, your OB/GYN or nurse midwife will tell you when you need to come back. If something comes up and you need to cancel, be sure to call your provider to let them know, and make a new appointment as soon as possible.
• Childbirth classes can help with your pregnancy and delivery. These classes are available at no cost to members. Ask your doctor or nurse midwife about the classes or call to sign up for them at the hospital where your baby will be born.
• It is important that you do not smoke, drink alcohol or take drugs while pregnant because these harm your baby as well as you. If you have a problem with any of these, please talk to your doctor or nurse midwife. If you do not feel comfortable talking to your doctor or nurse midwife about your problem, call Mercy Care Plan Member Services for help.

Labor

If you are in labor and need a ride to the hospital, call 9-1-1.

Postpartum

After you deliver your baby, it is important to see your OB/GYN for a postpartum visit. These should be scheduled within 60 days after the delivery of the baby. Sometimes your provider may want to see you more than once during this time to make sure you are healing appropriately, to discuss emotions and feelings, and to answer any of your questions. At this visit, you can also discuss family planning options with your provider. You can then decide what method best fits your needs until you are ready to get pregnant again. Therefore, it is important to keep all of your appointments. If you need help scheduling your appointment, call Mercy Care Plan Member Services.

Women, Infants and Children (WIC) Organization is available as a community resource. It is a program that provides food, breast feeding education, and information about healthy diets for women who are pregnant, infants, and children under five years of age.

For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Plan Member Services.

BEHAVIORAL HEALTH SERVICES

Behavioral health services can help you with personal problems that may affect you and/or your family. Some problems may be from depression, anxiety or from using drugs or alcohol.

Your PCP may be able to help you if you have depression, anxiety or attention deficit hyperactivity disorder (ADHD). PCP’s may give you medicine, watch how the medicine is working and order different tests for your illness. If you would like your PCP to help if you feel you have depression, anxiety or ADHD, please call your PCP directly.

You can also get behavioral health services at your local Regional Behavioral Health Authority (RBHA). You do not need a referral from your PCP for behavioral health services.
If you would like behavioral health services through the RBHA, call your local RBHA directly to set up an appointment. You can find the phone number of the RBHA in your county in this section.

Drugs ordered by your RBHA provider are part of your benefit and the RBHA provider pays for them. Refer to your RBHA Provider Directory for a list of RBHA pharmacies or call the RBHA directly.

Behavioral health services you may be eligible for include:

- Behavior Management (personal care, family support/home care training, peer support)
- Behavioral Health Case Management Services
- Behavioral Health Nursing Services
- Emergency Behavioral Health Care
- Emergency and Non-Emergency Transportation
- Evaluation and Assessment
- Individual, Group and Family Therapy and Counseling
- Inpatient Hospital Services
- Non-Hospital Inpatient Psychiatric Facilities Services (Level I residential treatment centers and sub-acute facilities)
- Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis
- Opioid Agonist Treatment
- Partial Care (Supervised day program, therapeutic day program and medical day program)
- Psychosocial Rehabilitation (living skills training; health promotion; supportive employment services)
- Psychotropic Medication
- Psychotropic Medication Adjustment and Monitoring
- Respite Care (with limitations)
- Rural Substance Abuse Transitional Agency Services
- Screening
- Home Care Training to Home Care Client

**Behavioral Health ID Cards**

Your AHCCCS ID card has the phone number of the provider (Regional Behavioral Health Authority or RBHA) that will give you behavioral health or substance abuse services. You are assigned to a provider (RBHA) based on where you live. The provider (RBHA) will pay for most behavioral health services including most prescriptions for behavioral health conditions.

If you have questions or need help getting behavioral health services, please call the behavioral health services number on your ID card.

If you require further assistance accessing behavioral health services, please contact the Mercy Care Plan Behavioral Health Coordinators at **602-263-3000** or **1-800-624-3879**. If you are deaf or have difficulty hearing, call **7-1-1**.

**DD members of all ages are also eligible for the same services from the RBHA. Refer to this list below for the RBHA in your County.**
County | Regional Behavioral Health Authorities (RBHA’s) | Contact Type | Phone Number
--- | --- | --- | ---
Coconino | Northern Arizona Regional Behavioral Health Authority (NARBA) | Information & Referral | 1-800-640-2123
 |  | Crisis Phone Line | 1-877-756-4090
Yavapai | Mercy Maricopa Integrated Care | Information & Referral | 1-800-564-5465
 |  | Crisis Phone Line | 602-222-9444
Maricopa | Community Partnership of Southern Arizona (CPSA) | Information & Referral | 1-800-771-9889
 |  | Crisis Phone Line | 520-622-6000
Pima | Cenpatico Behavioral Health | Information & Referral | 1-866-495-6738
 |  | Crisis Phone Line | 1-866-495-6735
Cochise | Gila
Graham | Greenlee
Santa Cruz | La Paz
Gila | Pinal
Yuma | | | |

* Calls to 1-800, 1-866 and 1-877 numbers are toll free.

**Behavioral Health Emergencies**

If you think you might hurt yourself or someone else, please call **9-1-1**. The RBHA crisis line is available for a behavioral health crisis. For example, if you, or someone else, is talking about or thinking about suicide. If you, or someone else, is in a violent or threatening situation.

Trained crisis intervention specialists are available around the clock, every day of the year to provide triage and support services. There are many ways that they can help, including:

- Talking and helping you calm down
- Talking about your worries about a loved one
- Helping you deal with difficult relationships
- Stabilizing violent or threatening situations
- Presenting options for dealing with other urgent situations

Maricopa County: Crisis Response Network: **602-222-9444**
Cochise/Graham/Greenlee/Santa Cruz Counties: **1-866-495-6735**
Pima County: **520-622-6000** or **1-800-796-6762**
Gila/Pinal/Yuma Counties: **1-866-495-6735**

**QUICK TIPS ABOUT BEHAVIORAL HEALTH SERVICES**

- You do not need a referral for behavioral health services.
- If you have any questions about behavioral health services, call your local RBHA.
Phone numbers of the local RBHAs are listed above.
DISEASE MANAGEMENT SERVICES

Mercy Care Plan has special programs available to members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Tobacco Cessation

The disease management program is an optional part of your regular benefits and provided at no cost to you. If you enroll in one of these programs, our nurses will work with you and your doctor to give you more information on what your condition means to your everyday life, the names and contact numbers for resources in your community that can help manage your illness, and to put together a care plan to help you meet your goal of feeling better. If you would like more information about these programs, leave a message at 602-453-8391 and someone will return your call by the next business day. Hours of operation are from 8 a.m. to 5 p.m. Arizona Time.

If you would like more information about these programs, call us at 1-866-642-1579/TTY 602-659-1144 between 8 am and 8 pm Arizona Time.

PHARMACY SERVICES

Prescriptions

Mercy Care Plan has a list of covered medications for your doctor to use. The list is reviewed and updated regularly by doctors to make sure you receive safe, effective medicines. If you want a copy of the list, call Mercy Care Plan Member Services or go to our website at www.MercyCarePlan.com for the most up-to-date list.

If you need medicine, your doctor will choose one from Mercy Care Plan’s list of covered drugs and write you a prescription. Some over-the-counter medicines are covered when your PCP orders them. Ask your doctor to make sure the medicine is on the Mercy Care Plan list of covered medications.

If the medicine is not on the list of covered drugs and you cannot take any other medicines except the one prescribed, your doctor may ask Mercy Care Plan to make an exception. If you are at a pharmacy and Mercy Care Plan is not paying for your drug, call Mercy Care Plan right away. Do not pay out of your own pocket for this medicine. Some drugs have limits or require the doctor to get approval before you can get the drug.

Pharmacies

All prescriptions must be filled at a pharmacy in Mercy Care’s network. If you need pharmacy services after hours, on weekends or holiday, many pharmacies are open 24 hours, 7 days a week. You can find a list of pharmacies in the Mercy Care Plan Provider Directory or our website at www.MercyCarePlan.com. Select “Find a Provider” in the upper right corner of the screen, then select “Find a Pharmacy”. If you have any questions or trouble filling a prescription while you are at the pharmacy, please contact Mercy Care Plan. Mercy Care Plan Member Services can help you with your prescriptions Monday through Friday from 7 am to 6 pm. If you have questions or problems outside the Mercy Care Plan business hours, please call the Mercy Care Plan nurse line. Call Mercy Care Plan Member Services and select the “speak to a nurse” option.

You may have to pay a part of the cost of the prescription (copayment) based on your AHCCCS eligibility. Copayments are described in the section, “Copayments.”

If you have other insurance (not Medicare), Mercy Care Plan will pay the copays only if the drug is also on the Mercy Care Plan drug list. The pharmacy should process the prescriptions through Mercy Care Plan. Do not pay
any copayments yourself. Mercy Care Plan may not be able to pay you back. Please see the section on Medicare Copayment for more information.

**What You Need to Know About Your Prescription**

Your doctor or dentist may give you a prescription for medication. If you live in a nursing home or assisted living facility staff will take care of managing your medications for you and getting refills.

Be sure to let the staff know about any medications you get from another doctor or non-prescription or herbal medications that you buy. Before you leave the office, ask these questions:

- Why am I taking this medication? What is it supposed to do for me?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication and what should you do if a side effect happens?
- What will happen if I do not take this medication?

Carefully read the drug information from the pharmacy when you fill your prescription. It has information on things you should and should not do and possible side effects of the medication. If you have questions, please ask your pharmacist.

**Refills**

The label on your medication bottle tells you the number of refills your PCP has ordered for you. If your doctor has ordered refills, you may only get refills one at a time for each prescription.

If your doctor has not ordered refills for you, be sure to call them at least five (5) days before your medicine runs out and talk to them about getting a refill. Your PCP may want to see you before giving you a refill.

**Diabetes Testing Supplies**

If you have diabetes, Mercy Care Plan covers certain blood glucose meters and test strips. Please see Mercy Care Plan’s drug list for meters and test strips that are covered. If you need a meter and test strips, ask your doctor to write a prescription for you. You can pick-up your meter and test strips at a pharmacy listed in your Mercy Care Plan Provider Directory.

**Mail Order Prescriptions**

If you take medicine for an ongoing health condition, you can have your medicines mailed to your home. Mercy Care Plan works with a company to give you this service. You can get mail order prescription service at no cost to you.

If you choose this option, your medicine comes right to your door. You can schedule your refills and reach pharmacists if you have questions. Here are some other features of home delivery.

- Pharmacists check each order for safety.
- You can order refills by mail, by phone, online, or you can sign up for automatic refills.
- You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week.

**To request a refill order form**

Call Mercy Care Plan Member Services at **602-263-3000** or **1-800-624-3879**. If you are deaf or have difficulty
hearing, call 7-1-1 or go to www.MercyCarePlan.com and select Contact Us. You can register online with CVS Caremark at www.caremark.com/wps/portal/REGISTER_ONLINE. Once registered, you will be able to order refills, renew your prescription and check the status of your order.

**DUAL MEMBERS: PAYMENT FOR DRUGS**

This section on drug payment is for those members with both Medicaid (AHCCCS) and Medicare. AHCCCS covers drugs, which are medically necessary, cost effective, and allowed by federal and state law.

- For AHCCCS recipients with Medicare, AHCCCS does NOT pay for any drugs paid by Medicare or for the cost-sharing (coinsurance, deductibles, and copayments) for these drugs. AHCCCS and its Contractors are prohibited from paying for these medications or the cost-sharing (coinsurance, deductibles, and copayments) for drugs available through Medicare Part D even if the member chooses not to enroll in the Part D plan.

AHCCCS will no longer pay for barbiturates to treat epilepsy, cancer, or mental health problems or any benzodiazepines for members with Medicare. This is because federal law requires Medicare to begin paying for these drugs. Some of the common names for benzodiazepines and barbiturates are:

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam</td>
<td>Xanax</td>
</tr>
<tr>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td>Clorazepate Dipotassium</td>
<td>Tranxene</td>
</tr>
<tr>
<td>Chlordiazepoxide Hydrochloride</td>
<td>Librium</td>
</tr>
<tr>
<td>Clonazepam</td>
<td>Klonopin</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Serax</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Restoril</td>
</tr>
<tr>
<td>Flurazepam</td>
<td>Dalmane</td>
</tr>
<tr>
<td>Phenobarital</td>
<td>Phenobarbital</td>
</tr>
<tr>
<td>Mebaral</td>
<td>Mephobarbital</td>
</tr>
</tbody>
</table>

AHCCCS will still pay for barbiturates that are NOT used to treat epilepsy, cancer, or mental health problems for Medicare members even if it is after January 1, 2013.

- For more information about copayments for drugs that are covered by AHCCCS, please read the section about copayments.

**TRANSPORTATION SERVICES (RIDES)**

If necessary, Mercy Care Plan can help you get to your AHCCCS covered health care visits. **Before** you call Mercy Care Plan for help, see if a family member, friend or neighbor can give you a ride. If not, call us as soon as you make your appointment so we can set up a ride for you. If you can ride the bus, we will send you bus tickets or passes at no cost to you. If you need a ride, call Member Services Monday-Friday between 7 a.m. and 6 p.m.

Please refer to AHCCCS Copayments on page 33 for a list of persons never asked to pay copayments.
You must call at least three (3) days in advance to get a ride. If you call the same day, we will not be able to arrange a ride for you in time, unless it is urgent. You may have to reschedule your appointment.

If you have many appointments scheduled, or if you have regular appointments for visits like dialysis, Mercy Care Plan can set up rides all at once.

After your appointment, call your transportation provider to arrange a ride home.

Dos and Don’ts for Getting a Ride

<table>
<thead>
<tr>
<th>Things to do (Do's)</th>
<th>Things not to do (Don'ts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• DO call Mercy Care Plan as soon as you make your appointment.</td>
<td>• DON'T schedule a ride with Mercy Care Plan if you are not going to be at your pick-up place.</td>
</tr>
<tr>
<td>• DO call Mercy Care Plan at least three (3) hours before an appointment that you made on the same day for urgent care.</td>
<td>• DON'T be late for your pick-up time.</td>
</tr>
<tr>
<td>• DO let us know if you have special needs, like a wheelchair or oxygen.</td>
<td>• DON'T forget to call Mercy Care Plan to cancel your ride if you find another one or if you change your appointment.</td>
</tr>
<tr>
<td>• DO make sure your prescription is ready for pick up before calling for a ride.</td>
<td>• DON'T wait until the day of your appointment to call for a ride.</td>
</tr>
</tbody>
</table>

If you have a medical emergency, dial 9-1-1. Use of emergency transportation must be for emergency services only.

SERVICES FOR SPECIAL HEALTH NEEDS

Mercy Care Plan has many health programs to help members with special health needs. For example, we have disease management programs for members with HIV/AIDS, asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease and transplants. Mercy Care Plan staff can help you manage your health care by working with community agencies and your doctors.

TIPS TO KEEP YOU HEALTHY

<table>
<thead>
<tr>
<th>ALL MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Always go to your PCP visits. If you cannot keep your appointment, call to cancel it and make another one.</td>
</tr>
<tr>
<td>• Follow the directions your PCP gives you.</td>
</tr>
<tr>
<td>• If you take prescription medication every day, remember to get refills before you run out. Or, find out about our mail order pharmacy program by calling Mercy Care Plan Member Services.</td>
</tr>
<tr>
<td>• Never share medication with anyone else.</td>
</tr>
<tr>
<td>• Eat right, get enough sleep and exercise.</td>
</tr>
<tr>
<td>• Brush your teeth at least two times a day.</td>
</tr>
<tr>
<td>• Wear your seat belt. It’s the law in Arizona!</td>
</tr>
</tbody>
</table>

PLUS, FOR CHILDREN...
• Make sure your child has his/her shots! Children and teens need shots for good health because they protect against many diseases. Bring your child’s shot record with you to his/her PCP.
• Keep your baby in a car seat. It’s the law in Arizona!
• Make sure your child sees the dentist often. Members ages 1 through 20 should be seen by a dentist twice a year.

HEALTH GUIDELINES FOR CHILDREN

ALL children, not just babies, should have well child checkups and immunizations. Checkups help find problems before your child gets sick. Make appointments with your child’s PCP at the following ages to keep your child (and teen) healthy.

<table>
<thead>
<tr>
<th>EPSDT VISITS</th>
<th>IMMUNIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(checkups)</td>
<td>(shots)</td>
</tr>
</tbody>
</table>

- Newborn
- 2-4 days
- 1 month
- 2, 4, 6, 9, 12, 15, 18 and 24 months
- 3, 4, 5, 6, 8 years of age
- Annually from ages 10-20

- Diphtheria, Tetanus, Pertussis
- Haemophilus Influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, rubella
- Meningococcal
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

TOBACCO CESSATION

Many people have quit smoking and stopped tobacco use through programs offered by the Arizona Smokers Helpline (ASHLine). The ASHLine has several valuable and free resources. If you want more information to help quit tobacco, please call the Arizona Smokers Helpline (ASH) at 1-800-556-6222, or visit www.ashline.org or talk to your PCP. You do not need a referral from your doctor to call ASHline. ASHline also offers information to help protect you and your loved ones from secondhand smoke.

For more information on quitting tobacco, go to Tobacco Free Arizona at www.azdhs.gov/tobaccofreeaz. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.
PRIMARY CARE PROVIDER (PCP)

When you are signed up for Mercy Care Plan, the first thing you will need to do is select a Primary Care Provider from the Provider Directory. You should choose a doctor in the area close to your home. If you do not select a PCP, Mercy Care Plan will select one for you and let you know your provider’s name. You can find the name of your PCP in your welcome letter.

We hope that you will stay with your assigned PCP so that you can work with someone you know and who knows you well. If you want to change doctors, we encourage you to talk with your PCP first and let him/her know why you would like to change. You may be able to work together to solve your problem or they may be able to suggest another provider to you. We do understand that you may wish to change doctors for reasons such as:

- You and your doctor don’t seem to understand each other
- You are not comfortable talking with your doctor openly
- Your doctor’s office is too far from home

If you need or want to change PCP, you should contact Mercy Care Plan Member Services and a representative will help you make the change. The change will be effective on the first day of the month AFTER you call to make it. You will also get a letter in the mail to let you know the name and address of your new doctor. If you request three (3) or more PCP changes while you are with Mercy Care Plan, our member services representatives will try and work with you and your doctor before making another change.

Call Mercy Care Plan Member Services  
Monday through Friday 7 a.m. to 6 p.m.  
**602-263-3000** or **1-800-624-3879**  
If you are deaf or have difficulty hearing, call **7-1-1**.

You should schedule a visit with your assigned PCP soon after enrollment to start a relationship. Your doctor can screen you for your health care needs. When you contact your doctor’s office, make sure to ask the following questions so that you are prepared for future visits. If you write the answers here, they will be handy when you need them:

What are your office hours? ____________________________________________________

Do you see patients on the weekends or at night? ____________________________________

Will you talk to me about my problems over the phone? _____________________________

Is there anyone else that works with you that can help me if you are not available? __________

Who should I contact if you are closed and I have an urgent situation? _________________

How long do I have to wait for an appointment? _____________________________
MAKE THE MOST OF YOUR DOCTOR’S VISIT WITH “ASK ME 3”

Ask Me 3 is a quick, effective, tool that was created to help you talk to your health care provider and better understand your health care needs. Every time you talk to your doctor or pharmacist, use the Ask Me 3 questions shown below. Everyone needs help understanding medical information. Asking these questions will help you get better or stay well. Take a pen and paper when you go to the doctor to write down the answers to these questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important that I do these things?

### QUICK TIPS ABOUT YOUR PCP

- Your PCP will manage most of your health care services
- Call your PCP if you have questions about referrals
- Know your PCP’s office hours and what to expect for after-hours service
- If you have a problem with your PCP, talk to him/her about it or call Mercy Care Plan Member Services for help
- If you need to change your PCP, call Member Services
- If you want to know more about a particular PCP or dentist, use the phone numbers and/or Mercy Care Plan website

If you cannot make it to your appointment, please call your PCP’s office before the appointment time to cancel.

If you are going to your PCP or dentist for the first time, please get there at least 15 minutes early. They will need to get your information to start your health record. When you go to an appointment, show your member ID card to the office staff before you are seen. If you do not have your ID card, you will still be seen. You may need to show a current picture ID. Ask the office to call Mercy Care Plan for more information.

Your PCP may have to spend extra time with another patient or may have an emergency that puts him/her behind schedule. When this happens, you may have to wait a little longer to be seen. If you usually have to wait more than 45 minutes for scheduled appointments, please notify Mercy Care Plan Member Services.

### QUICK TIPS ABOUT APPOINTMENTS

- If you are seeing your PCP for the first time, call your PCP’s office first to make sure they are accepting new patients and to verify their address.
- Call your PCP early in the day to make an appointment.
- Tell the staff person your symptoms.
- Take your member ID card with you.
- If you are a new patient, go to your appointment 15 minutes early.
- Let the office know when you arrive and show them your ID card.
PATIENT-CENTERED MEDICAL HOME (PCMH)

Would you like to have some help in planning and coordinating your health care needs?

For most people getting their health care needs or their family member’s needs taken care of can be hard to manage. This can be especially difficult when you are helping a close family member. Mercy Care Plan understands and is offering a type of care that might be right for you.

Mercy Care Plan is providing a new way to deliver and coordinate your health care through providers who are using the patient-centered medical home (PCMH) care model. This model focuses on you working with a health care team. And, YOU are the most important person on the health care team! Together with your health care team, your primary care is planned and coordinated for you!

Get more information about why the PCMH model might be right for you. Go to www.MercyCarePlan.com.

See a list of provider groups participating in PCMH. Note: This list is updated on a regular basis.

To find out more about how to participate in a PCMH, please call Mercy Care Plan Member Services.

TYPES OF CARE

There are three different kinds of care you can get: Routine, Urgent and Emergency.

The chart below gives you examples of each type of care and tells you what to do. Always check with your doctor if you have questions about your care.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine - This is regular care to keep you healthy. For example:</td>
<td>Call your doctor to make an appointment for preventive care. You can expect to be seen by:</td>
</tr>
<tr>
<td>• Checkups (Wellness exams)</td>
<td>• Your PCP within 21 days</td>
</tr>
<tr>
<td>• Yearly exams</td>
<td>• A specialist or dentist within 45 days</td>
</tr>
<tr>
<td>• Immunizations</td>
<td></td>
</tr>
<tr>
<td>Urgent/Sick Visit - This is when you need care right away but are not in danger of lasting harm or of losing your life. For example:</td>
<td>Call your doctor before going to an urgent care center.</td>
</tr>
<tr>
<td>• Sore throat</td>
<td>Look in your Provider Directory to find the center closest to you, or look on the Mercy Care Plan website at: <a href="http://www.MercyCarePlan.com">www.MercyCarePlan.com</a>.</td>
</tr>
<tr>
<td>• Flu</td>
<td>You can expect to be seen by:</td>
</tr>
<tr>
<td>• A cut that may need stitches</td>
<td>• Your PCP within two (2) days</td>
</tr>
<tr>
<td>• Migraines</td>
<td>• A specialist or dentist within three (3) days</td>
</tr>
<tr>
<td></td>
<td>If it is late at night or on the weekends, your doctor has an answering service that will get your message to your doctor. Your doctor will call you back and tell you what to do.</td>
</tr>
<tr>
<td></td>
<td>You should NOT go to the emergency room for urgent/sick care.</td>
</tr>
</tbody>
</table>
## How to Get Services

### Type of Care

<table>
<thead>
<tr>
<th>Emergency</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is when you have a serious medical condition and are in danger of lasting harm or the loss of your life. For example:</td>
<td>Call 9-1-1 or go to the nearest emergency room. You do not have to call your doctor or Mercy Care Plan first.</td>
</tr>
<tr>
<td>• Poisoning</td>
<td>You do not need prior authorization to call 9-1-1.</td>
</tr>
<tr>
<td>• Sudden chest pains - heart attack</td>
<td>If you can, show them your Mercy Care Plan ID card and ask them to call your doctor.</td>
</tr>
<tr>
<td>• Car accident</td>
<td></td>
</tr>
<tr>
<td>• Convulsions</td>
<td></td>
</tr>
<tr>
<td>• Very bad bleeding, especially if you are pregnant</td>
<td></td>
</tr>
<tr>
<td>• Broken bones</td>
<td></td>
</tr>
<tr>
<td>• Serious burns</td>
<td></td>
</tr>
<tr>
<td>• Trouble breathing</td>
<td></td>
</tr>
<tr>
<td>• Overdose</td>
<td></td>
</tr>
</tbody>
</table>

### What is Not an Emergency?

Some medical conditions that are NOT usually emergencies:

<table>
<thead>
<tr>
<th>What is Not an Emergency?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu, colds, sore throats, earaches</td>
</tr>
<tr>
<td>Urinary tract infections</td>
</tr>
<tr>
<td>Prescription refills or requests</td>
</tr>
<tr>
<td>Health conditions that you have had for a long time</td>
</tr>
<tr>
<td>Back strain</td>
</tr>
<tr>
<td>Migraine headaches</td>
</tr>
</tbody>
</table>

### After-Hours Care

Except in an emergency, if you or your child get sick when the doctor’s office is closed or on a weekend, you should still call the office. An answering service will make sure your doctor gets your message. Your PCP will call you back and tell you what to do. Be sure your phone accepts blocked calls. Otherwise, the doctor may not be able to reach you.

You can even call your PCP in the middle of the night. You most likely will have to leave a message with the answering service. It may take a while for them to get back to you, but a doctor will call you back to tell you what to do.

Look in the Mercy Care Plan Provider Directory to find the Urgent Care Center closest to you. You can also look on the Mercy Care Plan website at [www.MercyCarePlan.com](http://www.MercyCarePlan.com).

You should NOT go to the Emergency Room for Urgent/Sick Care.
OUT-OF-AREA COVERAGE

NO services are covered outside of the United States.

If you become sick in a non-Mercy Care Plan county or another state, Mercy Care Plan will pay only for emergency services. For a list of these services, please refer to the section called, “Covered Services”. If you have an emergency while away, go to the closest emergency room.

Show your member ID card to the hospital and tell them you are a Mercy Care Plan member. Ask the hospital to send the bill to Mercy Care Plan for payment. Do not pay the bill yourself.

Follow-up/routine care that is not related to an emergency is not covered while you are away. This includes prescriptions. You should get follow-up care from your PCP. Mercy Care Plan may approve health care services that are only available away from where you live. If this happens, we may pay for your transportation, lodging and food costs. Mercy Care Plan will only pay for these services if they are approved by the Plan first. Please call Member Services before your trip so we can help you make arrangements.

HOW YOUR PCP HELPS YOU GET SERVICES

Your Primary Care Provider (PCP) is the “gatekeeper” for all services you receive. The PCP will evaluate you during your visit and determine if you need to see a specialist or have tests performed.

REFERRALS

Your PCP may refer you to other providers to get special services. A referral is when your PCP sends you to a specialist for a specific problem. A referral can also be to a lab or hospital, etc. Mercy Care Plan may need to review and approve certain referrals and special services before you can get the services. Your PCP will know when to get Mercy Care Plan’s approval. If your referral needs to be approved by Mercy Care Plan, your PCP will let you know what’s happening. You may also request a second opinion from another Mercy Care Plan doctor.

You do not need a referral from your PCP for the following services:

- Dental, if you are 21 years of age or under
- OB/GYN covered services
- Behavioral Health Services (see page 20 for more information)

AUTHORIZATIONS

In some cases, your doctor may decide that your condition requires special services. Mercy Care Plan will review and approve these services before you get them to make sure you get the care that you need when you need it. These services require approval from Mercy Care Plan before they can be performed - called Prior Authorization.

Here’s how it works:

Your doctor will submit a request to Mercy Care Plan for services that you will need and how they will help your condition. Mercy Care Plan will review and approve these services before you get them. We want to make sure you get the care you need - when you need it. You will receive a written notification (Notice of Action) within fourteen (14) calendar days telling you if the request was denied and what to do next. If the request is urgent, you will receive a written notification (Notice of Action) within three (3) business days.

- **Urgent** - your physician believes that your condition is not life-threatening, but should be handled quickly to make sure it does not get worse. If the medical records or the requested services look urgent to the Mercy Care Plan medical reviewer, we will expedite the standard process. You will receive a written notification (Notice of Action) within three (3) business days telling you whether we can approve the request and what to do next.

- **Routine** - your physician would like a more thorough examination from a specialist or a special test.
Sometimes, we will need more information in order to make our decision. If this is the case, we may need to ask your doctor for an extension of up to fourteen (14) calendar days. If we ask for an extension we will let you and your doctor know what it is that we need to help us decide. If we don’t receive the additional information within the fourteen (14) calendar day period, we may deny the request for Prior Authorization.

If we ask for an extension or change the urgency level of your request, you may file what is called a Grievance (see Grievances in this handbook). Please send your grievances to:

Mercy Care Plan
4350 E. Cotton Center Blvd
Building D
Phoenix, AZ 85040

How do we make our decision about your request?

We provide a list of services that require Prior Authorization on our website (www.MercyCarePlan.com) and in the Provider Manual. You can get the criteria that decisions are based on by contacting Mercy Care Plan member services. You have the right to review this list and to see how we make our decisions. Our Prior Authorization decisions are based on Practice Guidelines and Clinical Criteria that are found on the internet (www.guideline.gov).

If Mercy Care Plan does not fully approve the service, one of the following actions may be taken:

• The denial or limited authorization of a service you or your doctor has requested.
• The denial of payment for a service, either all or part.
• Failure to provide services in a timely manner.
• Failure to act within certain timeframes for grievances and appeals.
• Denial of a rural member’s request to get services out of the network when Mercy Care Plan is the only health plan in the area.
• The reduction, suspension or ending of an existing service.

When an action takes place Mercy Care Plan is required to issue a Notice of Action.

Required NOTICE OF ACTIONS (NOA)

When a service that you are already receiving or have requested is not approved (denial), we will send you and your physician a written notification called a Notice of Action. There are specific time-frames when you will receive a Notice of Action.

• If you or your doctor makes a new request for a service, you will receive your notification that it is not approved within 14 calendar days (if urgent, you will receive the notification in 3 business days).
• If a service that you are already receiving is reduced, suspended, or ended, you will receive a Notice of Action ten (10) days before the change occurs.

The NOA letter lets you know:

• What action was taken and the reason
• Your right to file an appeal and how to do it
• Your right to ask for a fair hearing with AHCCCS and how to do it
• Your right to ask for an expedited resolution and how to do it
• Your right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services
• You have the right to request an extension to give us information to help us make a decision.
• If you receive a Notice of Action letter that does not tell you what you asked for, what we decided and why, you can call us.
  – We will look at the letter and, if needed, write a new letter that better explains the services and the action
  – If you still do not understand the NOA letter, you have the right to contact AHCCCS Medical Management

You have the right to receive a reply from Mercy Care Plan within 30 days to your request for a copy of the records. The response may be the copy of the record or a written denial that includes the basis for the denial and information about how to seek review of the denial. You can also ask Mercy Care Plan to tell you or send to you in the mail how decisions are made. This will also tell you what the decision is based on.

**If you disagree with our decision (Appeal)**

If you disagree with Mercy Care Plan’s action about your health care services, you, your representative, or a provider acting with your written permission, may file an appeal either in writing or over the phone. If you need an interpreter, one will be provided. Mercy Care Plan cannot retaliate against you or your provider for filing an appeal.

You, your representative or a provider acting with your written permission may file an appeal within 60 days from the date of your denial, suspension, reduction or termination letter (notification letter). To file an appeal, you must send a letter or call:

Mercy Care Plan  
Appeals Department  
4350 E. Cotton Center Blvd.  
Bldg. D  
Phoenix, AZ 85040  
602‑453‑6098 or 1‑800‑624‑3879  
Fax: 602‑230‑4503

When Mercy Care Plan gets your appeal, we will send you a letter within five (5) days telling you that we have your appeal and how you may give us more information either in person or in writing. If you wish services to continue while your appeal is reviewed, you must file your appeal no later than 10 days from the date of Mercy Care Plan’s Notice of Action letter to you.

The Appeals Department will review your appeal and send a decision in writing to you within 30 days. The letter will tell you what Mercy Care Plan’s decision was and the reason for the decision. If Mercy Care Plan denies your appeal, you may then request that AHCCCS look at our decision. You can request a State Fair Hearing with AHCCCS by following the steps in our decision letter to you.

If you request a hearing, you will receive information from AHCCCS about what to do. Mercy Care Plan will forward its file and documentation to AHCCCS at the Office of Administrative Legal Services.

If after the hearing AHCCCS decides that Mercy Care Plan’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed. If AHCCCS decides that Mercy Care Plan’s decision was incorrect, Mercy Care Plan will authorize and provide the services promptly.

**Members enrolled in DD must file their appeal with the Division of Developmental Disabilities Compliance and Review Unit within 60 days of the date of the action, decision or incident with which they were unhappy. Appeals may be phoned in or mailed to the following address:**
The Division of Developmental Disabilities Compliance and Review Unit will investigate the appeal and make a decision. A letter will be mailed to you stating the decision, the reason for the decision, and the way you may request a fair hearing with AHCCCS if you are still not happy.

REQUEST FOR EXPEDITED RESOLUTION

You may file an appeal within 60 days from the date of your notification letter and request that Mercy Care Plan review its action within three (3) business days for an expedited resolution. You may request an expedited resolution by writing or calling Mercy Care Plan at the address and number listed under “If You Disagree with Our Decision”. You may request that your services be continued during your appeal if you file your request within 10 days from the date of the notification letter from Mercy Care Plan.

DD members should file their request for expedited resolution directly with Mercy Care Plan.

If Mercy Care Plan decides that it is not medically necessary to issue a decision in three (3) business days from the day we receive your appeal, your appeal will be resolved within the standard 30 days. We will try and call you to let you know that we will follow the standard 30 day process and send you a written notice within two (2) calendar days. If Mercy Care Plan denies your request for services, you may request a fair hearing with AHCCCS by following the steps in the decision letter sent to you.

If after the hearing AHCCCS decides that Mercy Care Plan’s decision was correct, you may be responsible for payment of the services you received while your appeal was being reviewed.

QUICK TIPS ABOUT DENIAL, REDUCTION, SUSPENSION OR TERMINATION OF SERVICES AND APPEALS

- You will be sent a letter (Notice of Action) when a service has been denied or changed
- If you want to ask for a review (appeal) of Mercy Care Plan’s action, follow the directions in your notification letter
- To request that services be continued, you must file your appeal no later than 10 days from the date of your notification letter, or within the time frame listed in the notification letter

AHCCCS COPAYMENTS

Some people who get AHCCCS Medicaid benefits are asked to pay copayments for some of the AHCCCS medical services that they receive.

The following persons are not asked to pay copayments:

- Children under age 19
- People determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services
• Individuals up through age 20 eligible to receive services from the Children’s Rehabilitative Services program
• People who are acute care members and who are residing in nursing homes or residential facilities such as an Assisted Living Home and only when the acute care member’s medical condition would otherwise require hospitalization - the exemption from copayments for acute care members is limited to 90 days in a contract year
• People who are enrolled in the Arizona Long Term Care System
• People who are eligible for “Qualified Medicare Beneficiaries”*
• American Indian members who are active or previous users of the Indian Health Service, tribal health programs operated under P.L. 93-638, or urban Indian health programs
• People who receive hospice care
• People in the Breast & Cervical Cancer Treatment Program
• People receiving child welfare services under Title IV-B on the basis of being a child in foster care or receiving adoption or foster care assistance under Title IV-E regardless of age
• People who are pregnant and throughout the postpartum period following the pregnancy
• People in the Adult Group (for a limited time**)

* NOTE: Copayments referenced in this section means copayments charged under Medicaid (AHCCCS). It does not mean a person is exempt from Medicare copayments.

**For a limited time persons who are eligible in the Adult Group will not have any copays. Members in the Adult Group include persons who were transitioned from the AHCCCS Care program as well as individuals who are between the ages of 19-64, and who are not entitled to Medicare, and who are not pregnant, and who have income at or below 133% of the Federal Poverty Level (FPL) and who are not AHCCCS eligible under any other category. Copays for persons in the Adult Group with income over 106% FPL are planned for 2015. Members will be told about any changes in copays before they happen.

In addition, copayments are not charged for the following services for anyone:

• Hospitalizations
• Emergency services
• Family Planning services and supplies
• Pregnancy related health care and health care for any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for pregnant women
• Well visits and preventive services such as pap smears, colonoscopies, and immunizations
• Services paid on a fee-for-service basis
• Provider preventable services
• Services received in the emergency department

Nominal (Optional) Copays For Some AHCCCS Programs

Individuals eligible for AHCCCS through any of the programs below may be charged nominal copays, unless they are receiving one of the services above that cannot be charged a copay or unless they are in one of the groups above that cannot be charged a copay. Nominal copays are also called optional copays. If a member has a nominal copay, then a provider cannot deny the service if the member states that s/he is unable to pay the copay.
AHCCCS members with nominal copays may be asked to pay the following nominal (optional) copays for medical services.

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Out-patient services for physical, occupational and speech therapy</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$3.40</td>
</tr>
</tbody>
</table>

Members in the following programs may be charged a nominal copay (unless for a service or in one the groups above where copays cannot be charged):

- AHCCCS for Families with Children (1931)
- Young Adult Transitional Insurance (YATI) for young adults who were in foster care
- State Adoption Assistance for Special Needs Children who are being adopted
- Receiving Supplemental Security Income (SSI) through the Social Security Administration for people who are age 65 or older, blind or disabled
- SSI Medical Assistance Only (SSI MAO) for individuals who are age 65 or older, blind or disabled
- Freedom to Work (FTW)

Medical providers will ask you to pay these amounts but will NOT refuse you services if you are unable to pay. If you cannot afford your copay, tell your medical provider you are unable to pay these amounts so you will not be refused services.

**People with Required (Mandatory) Copayments**

**Families with Children that are no Longer Eligible Due to Earnings**

If a family is no longer eligible for any AHCCCS program due to higher income that they get from working, the family can still get AHCCCS benefits through the Transitional Medical Assistance (TMA) program. People on TMA have to pay higher copays for some medical services and will need to pay the copays in order to get the services.

Families receiving TMA benefits have the following copayment amounts:

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions</td>
<td>$2.30</td>
</tr>
<tr>
<td>Doctor or other provider outpatient office visits for evaluation and management of your care</td>
<td>$4.00</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapies</td>
<td>$3.00</td>
</tr>
<tr>
<td>Outpatient Non-emergency or voluntary surgical procedures</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Pharmacists and Medical Providers can refuse services if the copayments are not made.

**5% LIMIT ON ALL COPAYS**

The total amount of copays cannot be more than 5% of the family’s total income (before taxes and deductions) during a calendar quarter (January through March, April through June, July through September, and October through December). If this 5% limit is reached, no more copays will be charged for the rest of that quarter. The 5% limit applies to both nominal and required copays.
AHCCCS Administration will track each member’s specific copayment levels to identify members who have reached the 5% copayment limit. If you think that the total copays you have paid are more than 5% of your family’s total quarterly income and AHCCCS has not already told you this has happened, you should send copies of receipts or other proof of how much you have paid to AHCCCS, 801 E. Jefferson, Mail Drop 4600, Phoenix, Arizona 85034.

If you are on this program but your circumstances have changed, contact your local DES office to ask them to review your eligibility. Members can always request a reassessment of their 5% limit if their circumstances have changed.

**MEDICARE COPAYMENTS, COINSURANCE AND DEDUCTIBLES**

If you have Medicare, QMB or Medicare HMO, they will pay for your services first. Mercy Care Plan will share in the cost for AHCCCS covered services and for certain Medicare services not covered by AHCCCS, like chiropractic. Mercy Care Plan will pay your coinsurance, deductible or copayment amounts to your doctor. Do not pay your copayments yourself. Ask your doctor to bill Mercy Care Plan for these copayments.

Please note, if you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D.

Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care Plan approved doctors found in your Provider Directory or not with your Medicare HMO, you will be responsible for paying your Medicare coinsurance, deductibles or copayments.

However if you are a Qualified Medicare Beneficiary (QMB) member, Mercy Care Plan may pay for services not covered by AHCCCS or from a provider who is not part of our network.

Please call Mercy Care Plan Member Services if you have questions.

**IF YOU HAVE OTHER HEALTH INSURANCE**

If you have other insurance, here are some important things to know.

- Always give pharmacies, doctors and hospitals your other health insurance information and your Mercy Care Plan information.
- Your other health insurance pays for your health care expenses FIRST. After they pay, Mercy Care Plan will pay its part. Call Mercy Care Plan Member Services to provide Mercy Care Plan with the name, address, and phone number of your primary insurance provider.

**GETTING BILLS FOR SERVICES**

**When can you be billed for services?**

Talk to your doctor about payment options before getting any health care services that are not covered. Remember, if you ask for a service that is not a covered benefit and you sign a statement agreeing to pay the bill, you will have to pay the bill.

**What if you get a bill for services?**

If you receive a bill for a covered service:

- Call the provider right away.
- Give them your insurance information and Mercy Care Plan’s address.
- **Do not pay the bill yourself.**
If you still get bills after giving the provider your health care information, please call Mercy Care Plan Member Services for help.

• Sometimes you may be eligible for covered benefits back to the date you applied for AHCCCS. If you already paid for services during this time, you should first ask the provider to bill Mercy Care Plan and then to pay you back. If they won’t, Mercy Care Plan may be able to help you. You can send your paid receipts to Mercy Care Plan Member Services with a detailed note explaining why you paid for services. Receipts must be received by Mercy Care Plan within six months from the date you received the service.

• You should not pay for covered services or medicines after you have joined Mercy Care Plan. We cannot pay you back.
MEMBER GRIEVANCES

If you have a grievance or problem with a provider or a concern about the quality of care or services you have received, please call Mercy Care Plan Member Services. We will do our best to answer your questions or help you solve your problem.

Filing a grievance will not affect your health care services. We want to know your concerns so we can improve our services to you. You can call Member Services for help with problems with authorizations, covered services, payment for services or the quality of the services you are receiving. If you call to report a complaint that is not about quality of care, we will try to solve it right away and tell you the result right then if we can. If we cannot solve your problem right away, we will solve it as soon as we can. If we need to get more information, we may take up to 90‑days to solve the problem.

If you have a quality of care grievance, we will send it to our Quality Management Department for review. We will investigate your quality of care grievance and send you a letter within 90 days to tell you the result.

FRAUD & ABUSE

Fraud
Committing fraud or abuse is against the law. Your health benefits are given to you based on your health and financial status. You should not share your benefits with anyone. If you misuse your benefits, you could lose your AHCCCS benefits. AHCCCS may also take legal action against you. If you think a person, member or provider is misusing the program, please call Mercy Care Plan Member Services or AHCCCS.

Fraud and abuse also means loaning, selling or giving your member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Fraud is a dishonest act done on purpose.

Examples of member fraud are:
• Letting someone else use your Mercy Care Plan ID card
• Getting prescriptions with the idea of abusing or selling drugs
• Changing information on your Mercy Care Plan ID card
• Changing information on a prescription

Examples of provider fraud are:
• Billing for services that were not given
• Ordering services that are not medically necessary
• Referring members to an emergency room or other service when it is not medically necessary

Abuse
Member abuse means physical, sexual or emotional harm or injury. It also means neglect or exploitation by others. Your safety and well-being are very important to Mercy Care Plan. If you or your family has any concerns, please call your Mercy Care Plan Member Services or your case manager right away. Abuse is an act that does not follow good practices.

Example of member abuse:
• Going to the emergency room when there is not an emergency

Example of provider abuse:
• Prescribing a more expensive item than is needed
Reporting
If you think a person, member or provider is misusing the program, please let us know.
Mercy Care Plan Fraud Hotline: 1-800-810-6544
AHCCCS Fraud Reporting: 602-417-4193 or 1-888-487-6686

CHANGES IN FAMILY SIZE

You must report all changes in your family, like births and deaths, to the agency that determined your eligibility. Newborns are put on your insurance only if you tell this agency. For more information, please call AHCCCS Eligibility Verification at 602-417-7000 or 1-800-331-5090.

OTHER HEALTH INSURANCE

If you have other health insurance, please call Member Services so we can work with your other health care providers.

If you have other health insurance:
• Choose a PCP who works with both of your health plans if possible. This will help us coordinate payments.
• If your other doctor is not part of Mercy Care Plan, we may still be able to help you with your copayments for services that are covered by AHCCCS if your doctor gets a Mercy Care Plan prior authorization number for you to see him/her. We will pay copayments to your doctor.
• Do not pay your other insurance’s copayment amount yourself. Ask your doctor to bill Mercy Care Plan for the amount.
• Before you receive any health care services, show the doctor or hospital your AHCCCS ID card and tell them about your other health insurance. This will help your doctor know where to send your claims.
• If you are involved in an accident and get treatment for your injuries, you must report it to Member Services.
• Be sure to tell your PCP about all of the health care services you receive.

HEALTH PLAN CHANGES

If you need to change your health plan for any of the reasons below, call AHCCCS at 602-417-7000 or 1-800-334-5283.

1. You were not given a choice of health plans.
2. You were not notified of your annual enrollment choice.
3. You got your annual enrollment choice letter but were not able to change your health plan due to events out of your control.
4. Other members in your family are in another health plan (unless you were given a choice during the annual enrollment choice process and did not choose to change).
5. You are a member of a special group and need to be in the same health plan as the special group.
6. You came back on AHCCCS within 90 days and were not put back on the health plan you had before.
7. You need to stay with your doctor who is not a Mercy Care Plan doctor because you are pregnant or need to ensure continuity of care. If you need to change your doctor, please call Mercy Care Plan Member Services.
8. You need to stay with your current doctor not part of Mercy Care Plan network to ensure continuity of care.

DD members should contact their Division of Developmental Disabilities Support Coordinator or DDD Member Services at 602-238-9028.

Once a year, on the date you first enrolled with AHCCCS, you will have a chance to change your health plan. This is called Annual Enrollment Choice. AHCCCS will send you a notice and information about each health plan two (2) months before the date you can change. If you think you may want to change your health plan, please call Member
Services first. We would like to help you with any concerns you may have about Mercy Care Plan.

**MOVES**

If you move outside of Arizona, you need to close your eligibility file in Arizona. Call your eligibility office as soon as possible and tell them when you move to another county or state. When you move to a new state, sign up for the state medical program. If you move out of the United States, your AHCCCS eligibility will end.

**DECISIONS ABOUT YOUR HEALTH CARE**

Living Wills and Other Health Care Directives for Adult Members

There may be a time when you are so ill you cannot make decisions about your health care. If this happens, advance directives are documents that protect your right to refuse health care you do not want or to request care you do want.

There are four kinds of Advance Directives: a Living Will, a Medical Power of Attorney, a Mental Health Care Power of Attorney and a Pre-Hospital Medical Directive. Mercy Care Plan strongly encourages you to have one or more of these papers.

- **Living Will** - a paper that tells doctors what kinds of services you do or do not want if you become ill and may die. In your Living Will, you might tell doctors if you want to be kept alive with machines or fed through tubes if you cannot eat or drink on your own.
- **Durable Medical Power of Attorney** - a paper that lets you choose a person to make decisions about your health care when you cannot.
- **Mental Health Care Power of Attorney** - names a person to make mental health care decisions if you are found incapable to do so.
- **Pre-Hospital Medical Care Directive** - states your wishes about refusing certain life-saving emergency care given outside a hospital or in a hospital emergency room. You must complete a special orange form. Mercy Care Plan has written policies to ensure advance directive wishes are followed.

You should get help writing your Living Will and Medical Power of Attorney. Members enrolled with DD may call their Division of Developmental Disabilities Support Coordinator for help.

Making Your Advance Directives Legal

For both a Living Will and a Medical Power of Attorney, you must choose someone to be your agent. Your agent is the person who will make decisions about your health care if you cannot. He/she can be a family member or a close friend.

To make an Advance Directive legal, you must:

1. Sign and date it in front of another person who also signs it. This person cannot:
   - Be related to you by blood, marriage or adoption
   - Have a right to receive any of your personal and private property
   - Be appointed as your agent
   - Be involved with the paying of your health care
   **OR**
2. Sign and date it in front of a notary public. The notary public cannot be your agent or any person involved with the paying of your health care.
If you are too ill to sign your Medical Power of Attorney, you may have another person sign for you.

**After You Complete Your Advance Directives**

1. Keep your original signed papers in a safe place.
2. Give copies of the signed papers to your doctor(s), hospital and anyone else who might become involved in your health care. Talk to these people about your wishes about health care.
3. If you want to change your papers after they have been signed, you must complete new papers. You should make sure you give a copy of the new paper to all the people who already have a copy of the old one.
4. Be aware that your directives may not be effective in the event of a medical emergency.
5. You can also have advance directives registered with the Arizona Registry at [www.azsos.gov/adv_dir](http://www.azsos.gov/adv_dir).

**QUICK TIPS ABOUT LIVING WILLS**

- It is very important that you decide what treatment you do or do not want.
- Give copies of your Living Will and/or Medical Power of Attorney to your doctor, hospital and any other people involved with your health care.
- You should get help writing your Living Will and/or Medical Power of Attorney. Ask your doctor for help if you are not sure whom to call. DD members may call their Division of Developmental Disabilities Support Coordinator.
- If you change any part of your Living Will or Medical Power of Attorney, make sure you give a copy of the new one to all the people who already have a copy of the old one.
RESOURCES

There are groups you can contact who will act as an advocate for you. Health advocacy involves direct service to you and your family which can help promote health and access to health care. An advocate is anyone who supports and promotes your rights.

There are many advocacy resources listed below.

**Arizona Attorney General’s Office**
1275 W Washington
Phoenix, AZ 85007
602-542-5025
www.azag.gov

**Arizona Attorney General’s Office - Tucson**
400 W Congress
South Building, Suite 315
Tucson, AZ 85701-1367
520-628-6504

**Department of Economic Security**
**Aging and Adult Administration**
1789 W Jefferson, Site Code 950A
Phoenix, AZ 85007
602-542-4446
Your local Area Agency on Aging and Senior Center may also have forms and information.

The following national organization also provides health care directive forms and information:

**AARP**
601 E St, N.W.
Washington, D.C. 20049
202-434-2277 (AARP)
1-888-687-2277
www.aarp.org/states/AZ

The following organization will provide information and answer questions about health care directives and related legal matters:

**Arizona Senior Citizens Law Project**
1818 S 16th St.
Phoenix, AZ 85034
602-252-6710

305 S 2nd Avenue
Phoenix, AZ 85036

P.O. Box 21538 Phoenix, AZ 85036-1538
Phone: 602-258-3434 / 1-800-852-9075
www.sazlegalaid.org

Prepared by the Patient Self-Determination Act Committee of the State Bar of Arizona
If you lose eligibility resources

We also want you to be able to get medical care if you do lose your AHCCCS eligibility. Below is a list of clinics that offer low cost or free medical care. Call the clinics to find out about services and costs. If you have questions or need help call Mercy Care Plan Member Services.

Low Cost/Sliding Scale Health Care

Maricopa County

Adelante Healthcare
Avondale
Coronado Professional Plaza
3400 Dysart Rd, Ste F-21
Avondale, AZ 85392
Phone: 1-877-809-5092

Buckeye
306 E Monroe Ave
Buckeye, AZ 85326
Phone: 1-877-809-5092

Gila Bend
100 N Gila Blvd
Gila Bend, AZ 85337
Phone: 1-877-809-5092

Mesa
1705 W Main St
Mesa, AZ 85201
Phone: 1-877-809-5092

Phoenix
7725 N 43rd Ave, Ste 510
Phoenix, AZ 85201
Phone: 1-877-809-5092

Surprise
15351 W Bell Rd
Surprise, AZ 85374
Phone: 1-877-809-5092

Wickenburg
811 N Tegner St, Ste 113
Wickenburg, AZ 85390
Phone: 1-877-809-5092

John C Lincoln Community Health Center
(AKA Desert Mission Health Center)
9201 N 5th St
Phoenix, AZ 85020
Phone: 602-331-5779

Maricopa Integrated Health System
McDowell Healthcare Center
1101 N Central Ave 2nd Floor
Phoenix, AZ 85004
Phone: 602-344-6550

Sunnyslope Family Health Center
934 W Hatcher Rd
Phoenix, AZ 85021
Phone: 602-344-6550

Comprehensive Health Center
2525 Roosevelt St
Phoenix, AZ 85008
Phone: 602-344-1015

Guadalupe Family Health Center
5825 Calle Guadalupe
Guadalupe, AZ 85283
Phone: 480-344-6000

South Central Family Health Center
33 W Tamarisk St
Phoenix, AZ 85041
Phone: 602-344-6400

Mountain Park Health Center - Baseline
635 E Baseline Rd
Phoenix, AZ 85042
Phone: 602-243-7277

Maryvale Family Healthcare
4011 N 51st Ave
Phoenix, AZ 85031
Phone: 623-344-6900

Maricopa County Health Care For The Homeless
220 S 12th Ave
Phoenix, AZ 85007
Phone: 602-372-2100

Chandler Family Health Center
811 S Hamilton St
Chandler, AZ 85225-6308
Phone: 480-344-6100
El Mirage Family Health Center
12428 W Thunderbird Rd
El Mirage, AZ 85335-3113
Phone: 623-344-6100

Avondale Family Health Center
950 E Van Buren St
Avondale, AZ 85323-1506
Phone: 623-344-6100

Glendale Family Health Center
5141 W Lamar St
Glendale, AZ 85301-3423
Phone: 623-344-6700

Mesa Family Health Center
59 S Hibbert
Mesa, AZ 85210-1414
Phone: 480-344-6200

Seventh Ave Family Health Center
1205 S 7th Ave
Phoenix, AZ 85007-3904
Phone: 602-344-6600

Mountain Park Health Centers
Tempe Community Health Center
1492 S Mill Ave #312
Tempe, AZ 85281
Phone: 602-243-7277

Mountain Park Health Center - Goodyear
140 N Litchfield Rd
Goodyear, AZ 85338
Phone: 602-243-7277

Mountain Park Health Center - East Phoenix
690 N Cofco Center Ct, Ste 230
Phoenix, AZ 85008-6464
Phone: 602-286-6090

Native American Community Health Center, Inc.
4520 N Central Ave, Ste 350
Phoenix, AZ 85012-3020
Phone: 602-279-5262

Armadillo Pediatrics
515 W Buckeye Rd, Ste 402
Phoenix, AZ 85003-2651
Phone: 602-257-9229

Estrella Family Medical - Maryvale
4700 N 51 Ave, Ste 1
Phoenix, AZ 85031
Phone: 623-344-6900

OSO Medical
378 N Litchfield Rd
Goodyear, AZ 85338-1239
Phone: 623-925-2622

St Vincent De Paul /Virginia G. Piper
Medical & Dental Clinic
420 W Watkins Rd
Phoenix, AZ 85003-2830
Phone: 602-261-6868

Pima County

Desert Senita Community Health Center
410 N Malacate St
Ajo, AZ 85321-2254
Phone: 520-387-5651

El Rio Community Health Centers
Congress Clinic
839 W Congress St
Tucson, AZ 85745
Phone: 520-792-9890

El Rio Health Northwest Clinic
320 W Prince Rd
Tucson, AZ 85705-3526
Phone: 520-670-3909

El Rio Health Southwest Internal Medicine
1510 W Commerce Ct
Tucson, AZ 85746-6015
Phone: 520-806-2650

Broadway Clinic
1101 E Broadway Blvd
Tucson, Arizona 85719
Phone: 520-624-7750

El Rio Health Center
El Pueblo Health Center
101 W Irvington Rd
Tucson, AZ 85714-3050
Phone: 520-573-0096
MHC Healthcare - Freedom Park Health Center
5000 E 29th St
Tucson, AZ 85711-6401
Phone: 520-790-8500

MHC Healthcare - Keeling Health Center
435 E Glenn St
Tucson, AZ 85705-4664
Phone: 520-696-6969

MHC Healthcare - Ortiz Community Health
12635 W Rudasill Rd
Tucson, AZ 85743-9724
Phone: 520-682-3777

MHC Healthcare - Flowing Wells Family Health Center
1323 W Prince Rd
Tucson, AZ 85705-3114
Phone: 520-887-01-800

MHC Healthcare - East Side Health Center
8181 E Irvington Rd
Tucson, AZ 85730
Phone: 520-574-1551

Cochise County

Chiricahua Community Health Center - Bisbee
108 Arizona St
Bisbee, AZ 85603-1804
Phone: 520-432-3309

Chiricahua Community Health Center - Douglas
1100 F Ave
Douglas, AZ 85607-1919
Phone: 520-364-3285

Chiricahua Community Health Center - Elfrida
10566 N US Hwy 191
PO Box 263
Elfrida, AZ 85610-0263
Phone: 520-642-2222

Copper Queen Medical Associates RHC - Douglas
100 E 5th St
Douglas, AZ 85607-2859
Phone: 520-364-7659

Copper Queen Medical Associates RHC
101 Cole Ave
Bisbee, AZ 85603-1327
Phone: 520-432-2042

Southeast Arizona Medical Center
2174 W Oak Ave
Douglas, AZ 85607
Phone: 520-364-7931 (Cochise Regional Hospital)

Graham County

Canyonlands Community Health Care - Safford
2016 W16th St
Safford AZ 85546
Phone: 928-428-1500

Greenlee County

Canyonlands Community Health Care - Duncan
227 Main Street
Duncan, AZ 85534
Phone: 928-359-1380
THE FOLLOWING ORGANIZATIONS OFFER LOW-FEE DENTAL SERVICES:

MARICOPA COUNTY:

Mountain Park Dental Clinic (5 locations)
602-243-7277
www.MPHC-AZ.org

1492 S Mill Ave Ste 312
Tempe, AZ 85282

690 N Cofco Center Court, Ste 230
Phoenix, AZ 85008

635 E Baseline Rd
Phoenix, AZ 85042

6602 W Thomas Rd
Phoenix, AZ 85042

140 N Litchfield Rd Ste 200
Goodyear, AZ 85338

Native American Community Health Center
4520 N Central Ave, Ste 620
Phoenix, AZ 85012
602-279-5262
www.NativeHealthPhoenix.com

Phoenix College Clinic
1202 W Thomas Rd
Phoenix, AZ 85013
602-285-7323
www.pc.maricopa.edu

St Vincent de Paul
420 W Watkins St
Phoenix, AZ 85002
602-261-6868
www.StVincentdePaul.net

El Rio Northwest Dental
Flowing Wells
4009 N Flowing Wells Rd
Tucson, AZ 85705
520-408-0836
www.elrio.org/dental_services

El Rio Southwest
(Commerce)
1530 W Commerce Ct
Tucson, AZ 85746
520-770-2700
www.elrio.org/dental_services

Pima Community College
Hygiene School
2202 W Anklam Rd, Room K-212
Tucson, AZ 85709
520-206-6090
http://pima.edu

Sun Life Family Health Center
865 N Arizola Rd
Casa Grande, AZ 85222
520-381-0381
www.sunlifefamilyhealth.org

Desert Senita Medical Center
410 Malacate St
Ajo, AZ 85321
520-387-5651
www.ajochc.org

COCHISE COUNTY:

Copper Queen Medical Associates
101 Cole Ave
Bisbee, AZ 85603
520-432-5383

PIMA COUNTY:

El Rio Dental Congress
839 W Congress St
Tucson, AZ 85745
520-670-3758
www.elrio.org/dental_services
COMMUNITY RESOURCES

AHCCCS
801 E Jefferson St
Phoenix, AZ 85034
602-417-4000
www.healthearizonaplus.gov

What is www.HealthEarizonaplus.gov?
It is a website that helps connect individuals and families to coverage, benefits and services.

AZ Links
AZ Links is the website of Arizona’s Aging and Disability Resource Consortium (ADRC). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.
www.Azlinks.gov

WIC (Women, Infants and Children)
WIC provides food, breast feeding education, and information on healthy diet to women who are pregnant, infants, and children under five years old.
www.fns.usda.gov/wic

AZ Department of Health Services
150 N 18th Ave, Ste 310
Phoenix, AZ 85007
602-542-0022

400 W Congress, Ste 100
Tucson, AZ 85701
520-628-6541

AZ Department of Economic Security
www.AZLinks.gov
1-888-737-7494
• Can assist you in identifying your needs and getting connected to an agency that can answer your questions
• Link to a wide range of activities, such as reviewing Medicare/Medicaid benefits, reading about what’s new in Health Care, searching for job opportunities, Caregiver respite, housing options, and more
Nurse-Family Partnership
The Nurse-Family Partnership is a program for first time mothers who are less than 28 weeks pregnant in North or South Phoenix or Tucson. A registered nurse will come to the home of a pregnant member. They will help to make sure that she has a healthy pregnancy. There is no cost for this service for Mercy Care Plan’s pregnant members.

North & South Phoenix Nurse-Family Partnership
Southwest Human Development
2850 North 24th St
Phoenix, AZ 85008
602-224-1740

Tucson Nurse-Family Partnership
1101 North 4th Ave
Tucson, AZ 85705
520-624-5600 ext. 506

Healthy Families
This program helps mothers have a healthy pregnancy and also helps with child development, nutrition, safety and other things. A community health worker will go to the pregnant member’s home to give her information and help with any concerns that she might have. The program starts while the member is pregnant, and can continue through the time that the baby is 5 years old!

Maricopa County
602-266-5976

Pima County
520-321-3754

Cochise County
520-458-7348

Teen Outreach Pregnancy Services
Teen Outreach Pregnancy Services (TOPS) is a program designed for pregnant and parenting teens. The nurses and social workers understand the challenges teens face, and help to make sure the pregnant mother and baby are healthy. There are classes about having a healthy pregnancy, childbirth and parenting. The classes are for teens only! Services also include helping teen moms get things needed for pregnancy and new baby.

West Valley:
10875 N 85th Ave, Ste 8
Peoria, AZ 85345
1-877-882-2881

East Valley:
931 E Southern Ave. Ste 101
Mesa, AZ 85204
1-877-882-2881

Tucson Area:
3024 E Ft Lowell Rd
Tucson, AZ 85716
520-888-2881
Arizona Head Start
Head Start is a great program that gets preschoolers ready for kindergarten. Preschoolers enrolled in Head Start will get healthy snacks and meals too. Head Start offers these services and more at no cost to you.
www.azheadstart.org.

1402 S 7th Ave
Phoenix, AZ 85007
**602-338-0449**

3910 S Rural Road
Tempe, AZ 85282

Arizona Early Intervention Program (AzEIP)
The Arizona Early Intervention Program (AzEIP, pronounced Ay-zip), helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. To get help or learn more about AzEIP resources, call Mercy Care Plan and ask for the Mercy Care Plan AzEIP coordinator.

3839 N 3rd St, Ste 304
Phoenix, AZ 85012
www.azdes.gov/AzEIP

Community Information and Referral
Call **2-1-2** or go to [www.cir.org](http://www.cir.org) for information on this program

Community I&R is a call center that can help you find many community services.
- food banks, clothes, shelters, help to pay rent and utilities.
- health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, and help with drug or alcohol problems.
- financial help, job training, transportation, education programs.
- adult day care, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- childcare, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.

Child and Family Resources
[www.ChildFamilyResources.org](http://www.ChildFamilyResources.org)
Programs include:
- Child Care Resource & Referral, where parents call to get a list of child care centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving free, on-site child care

2830 W Glendale Ave
Phoenix 85051
**602-234-3941**

21-800 E Broadway Blvd
Tucson, AZ 85716
**520-881-8940**
MULTISPECIALTY INTERDISCIPLINARY CLINIC’S SPECIALTIES

Mercy Care Plan has contracted with several multi-interdisciplinary specialty clinics to provide the health care requirements of special needs children who are enrolled in the Children's Rehabilitative Services (CRS) program by offering primary and specialty care in a single location. You can make, change or cancel appointments directly with the Multi-Specialty Interdisciplinary Clinic. The range of available specialties include: Family Practice, Physical and Occupational Therapy, Speech, Audiology, Plastic Surgery, Orthopedics, and Neurology.

Metro Phoenix Region:
DMG Children’s Rehabilitative Services
3141 N 3rd Ave
Phoenix, AZ 85013
602-914-1520
1-855-598-1871

Southern Region:
Children's Clinics for Rehabilitative Services
2600 N Wyatt Dr
Tucson, AZ 85712
520-324-5437
1-800-231-8261
DEFINITIONS

Action - an action by Mercy Care Plan means:
- The denial or limited authorization of a service you or your doctor have asked for
- The reduction, suspension or ending of an existing service
- The denial of payment for a service, either all or part
- Failure to provide services in a timely manner
- Failure to act within certain timeframes for grievances and appeals
- Denial of a rural member’s request to get services out of the network when Mercy Care Plan is the only health plan in the area

AHCCCS - Arizona Health Care Cost Containment System is the state agency that manages the Medicaid program in Arizona using federal and state funds. AHCCCS contracts with managed care health plans to deliver medical services to eligible members.

Appeal Resolution - the written determination by Mercy Care Plan about an appeal.

Authorization - an approval from your doctor and/or health plan before getting other health care services including, but not limited to, laboratory and radiology tests and visits to specialists and other health care providers (see referral).

Copayment - a small amount of money you pay when you get certain covered services.

Emergency - an emergency is a medical condition that could cause serious health problems or even death if not treated immediately.

Durable Medical Equipment (DME) - equipment which:
A) may be used over and over
B) is primarily used to serve a medical purpose
C) usually is not useful to a person when they are not sick or hurt
D) is easily used in the home

Some examples are crutches, wheelchairs, walkers, etc.

Family Planning - Education and treatment services for a member who voluntarily chooses to delay or prevent pregnancy.

Grievance - Any written or verbal expression of dissatisfaction over a matter other than an action, as defined in this Handbook, by a member or provider authorized in writing to act on the member’s behalf. A grievance may be submitted orally or in writing to any Mercy Care Plan staff person. Grievances include, but are not limited to, issues regarding:
- Quality of care or services
- Accessibility or availability of services
- Interpersonal relationships (e.g. rudeness of a provider or employee, cultural barriers or insensitivity)
- Claims or billing
- Failure to respect a member’s rights

Grievance System - a system that includes a process for enrollee grievances, enrollee appeals, provider claim disputes and access to the State Fair Hearing system.

Maternity Care - Includes medically necessary preconception counseling, pregnancy, testing prenatal care, labor and delivery services and postpartum care.
**DEFINITIONS**

**Medically Necessary** - a covered service that will prevent disease, disability and other poor health conditions or their progress, or prolong life.

**Medically Necessary Transportation** - transportation that takes you to and from required medical services.

**Notice of Action** - if Mercy Care Plan decides that the requested service cannot be approved, or if an existing service is reduced, suspended or ended, a member will receive a “Notice of Action” telling them what action was taken and the reason for it; their right to file an appeal and how to do it; their right to ask for a fair hearing with AHCCCS and how to do it; their right to ask for an expedited resolution and how to do it; and, their right to ask that their benefits be continued during the appeal, how to do it and when they may have to pay the costs for the services.

**Obstetrician/Gynecologist (OB/GYN)** - a doctor who cares for women during pregnancy, childbirth, postpartum and well-women exams.

**OB Case Management** - Obstetrical case managers link expectant mothers with appropriate community resources such as the Women, Infants and Children’s (WIC) nutritional program, parenting classes smoking cessation, teen pregnancy case management, shelters and substance abuse counseling. They provide support, promote compliance with prenatal appointments, and prescribed medical treatment plans.

**Out of Network Provider** - a provider who is neither contracted with nor authorized by Mercy Care Plan to provide services to Mercy Care Plan members.

**Post‑Partum Care** - Health care provided up to 60 days post‑delivery.

**Preconception Counseling** - The goal is to uncover any high‑risk issues and help a woman become healthy before becoming pregnant.

**Prenatal Care** - Health care provided throughout the pregnancy.

**Prescription** - an order from your doctor for medicine. The prescription may be called in over the telephone or can be written down.

**Primary Care Provider (PCP)** - the doctor who provides or authorizes all your health care needs. Your PCP refers you to a specialist if you need special health care services.

**Provider Fraud & Abuse**
- Falsifying Claims/Encounters that include the following items:
  - Alteration of a claim
  - Incorrect coding
  - Double billing
  - False data submitted
- Administrative/Financial actions that include the following items:
  - Kickbacks,
  - Falsifying credentials
  - Fraudulent enrollment practices
  - Fraudulent Third Party Liability (TPL) Reporting
  - Fraudulent Recoupment Practices
- Falsifying Services that include the following items:
  - Billing for Services/Supplies Not Provided
  - Misrepresentation of Services/Supplies
  - Substitution of Services
Qualified Medicare Beneficiaries (QMB) - members who qualify for both AHCCCS and Medicare who have their Medicare Part A and Part B premiums, coinsurance and deductibles paid for by AHCCCS.

Regional Behavioral Health Authority (RBHA) - a behavioral health center under contract with the Arizona Department of Health Services to deliver behavioral health services in a certain area of the state.

Referral - when the PCP sends you to a specialist for a specific, usually complex, problem.

Specialist - a doctor who treats specific health care needs. For example, a cardiologist is a specialist. You must get a referral from your doctor before seeing a specialist.
MATERNITY CARE SERVICE DEFINITIONS

1. **Certified Nurse Midwife (CNM)** is certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral. management, or referral.

2. **High-risk pregnancy** refers to a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

3. **Licensed Midwife** means an individual licensed by the Arizona Department of Health Services to provide maternity care pursuant to Arizona Revised Statutes (A.R.S.) Title 36, Chapter 6, Article 7 and Arizona Administrative Code Title 9, Chapter 16. (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

4. **Maternity care** includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

5. **Maternity care coordination** consists of the following maternity care related activities: determining the member’s medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

6. **Practitioner** refers to certified nurse practitioners in midwifery, physician’s assistants and other nurse practitioners. Physician’s assistants and nurse practitioners are defined in A.R.S. Title 32, Chapters 25 and 15 respectively.

7. **Postpartum care** is the health care provided for a period of up to 60 days post-delivery. Family planning services are included if provided by a physician or practitioner, as addressed in Policy 420 of this Chapter.

8. **Preconception counseling** services, as part of a well woman visit, are provided when medically necessary. This counseling focuses on the early detection and management of risk factors before pregnancy, and includes efforts to influence behaviors that can affect a fetus (even before conception is confirmed), as well as regular health care. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling does not include genetic testing.

9. **Prenatal care** is the health care provided during pregnancy and is composed of three major components:
   a. Early and continuous risk assessment
   b. Health education and promotion, and
   c. Medical monitoring, intervention, and follow-up.